

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**  
 03-11-2002 90004 005 \*\*\*150.00

**DOCUMENT # F01000006144**

1. Entity Name

PROMOTORA AVILA MAR 19-98 C.A.

Principal Place of Business

10900 S.W. 104TH STREET, #118  
 MIAMI FL 33176

Mailing Address

10900 S.W. 104TH STREET, #118  
 MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

*Nilka's Cakes*

*Family Home*

2. Principal Place of Business

3822 SW 8th St

3. Mailing Address

14225 SW 149 AV

Suite, Apt. #, etc.

*Coral Gables, Florida*

Suite, Apt. #, etc.

*Miami, Florida*

City & State

City & State

4. FEI Number

*65-1157267*  
**APPLIED FOR**

Applied For

Not Applicable

Zip

*33134*

Country

Zip

*33196*

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMOSA, NILKA**

**10900 S.W. 104TH STREET, #118**

**MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

*Nilka Simosa*

Street Address (P.O. Box Number is Not Acceptable)

*14225 SW 149 AV*

*Miami, Florida*

City

**FL**

Zip Code

*33196*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*02/25/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00** May Be Added to Fees

*New Address*

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PVST**  
**SIMOSA, NILKA**  
**10900 S.W. 104TH STREET, #118**  
**MIAMI FL 33176** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PVST**  
**Simosa, Nilka**  
**14225 SW 149 AV**  
**Miami, Florida, 33196** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**SIMOSA, NILKA**  
**10900 S.W. 104TH STREET, #118**  
**MIAMI FL 33176** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**Simosa, Nilka**  
**14225 SW 149 AV**  
**Miami, Florida, 33196** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CD**  
**SIMOSA, ANGEL**  
**10900 S.W. 104TH STREET, #118**  
**MIAMI FL 33176** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CD**  
**Simosa, Angel**  
**14225 SW 149 AV**  
**Miami, FL, 33196** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**SIMOSA, ALEJANDRO**  
**10900 S.W. 104TH STREET, #118**  
**MIAMI FL 33176** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**Simosa Alejandro**  
**14225 SW 149 AV**  
**Miami, Florida, 33196** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**SIMOSA, CESAR**  
**10900 S.W. 104TH STREET, #118**  
**MIAMI FL 33176** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**Simosa, Cesar**  
**14225 SW 149 AV**  
**Miami, FL, 33196** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**VERDE DE SIMOSA, NILKA**  
**10900 S.W. 104TH STREET, #118**  
**MIAMI FL 33176** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**Verde de Simosa, Nilka**  
**14225 SW 149 AV**  
**Miami, Florida, 33196** ☒ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE

*02/25/02*

*(305) 441-0868 Work*  
*(305) 546-5647 Cell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)