

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90223 008 ***150.00

DOCUMENT # M18607

1. Entity Name

CUBA PAQUETES, INC.

Principal Place of Business

Mailing Address

1159 W 29 ST
MIAMI BEACH FL 33012
US

1159 W 29 ST
HAILEAH FL 33012-5063
US

00032333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16425 Collins Ave

Suite, Apt. #, etc. #818

City & State

Sunny Isles FL

Zip

33160

Country

USA

3. Mailing Address

16425 Collins Ave

Suite, Apt. #, etc. #818

City & State

Sunny Isles FL

Zip

33160

Country

USA

4. FEI Number

59-2560260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERRET, NILDA R
429 NORTH HIBISCUS DRIVE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Milton R. Sennet

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

16425 Collins Ave #818

City Sunny Isles

FL

Zip Code

33160

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

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, 2000 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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SERRET, NILDA R.	
STREET ADDRESS	429 W. HIBISCUS DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VST.	<input type="checkbox"/> Delete
NAME	SERRET, MILTON R.	
STREET ADDRESS	429 W. HIBISCUS DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRET, MILTON R.	
STREET ADDRESS	429 W. HIBISCUS DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milton Sennet	
STREET ADDRESS	16425 Collins Ave #818	
CITY-ST-ZIP	Sunny Isles FL 33160	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16425 Collins Ave #818	
CITY-ST-ZIP	Sunny Isles FL 33160	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16425 Collins Ave #818	
CITY-ST-ZIP	Sunny Isles FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)