

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000214

1. Entity Name

SOCIEDAD GABRIELA MISTRAL INC.

Principal Place of Business

1645 WEST 31ST PLACE
HIALEAH FL 33012

Mailing Address

1645 WEST 31ST PLACE
HIALEAH FL 33012

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MEZA, ENRIQUE
6765 N.W. 169TH ST.
UNIT 2B
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLARDO, CRISTINA	
STREET ADDRESS	1645 W 31 PL	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALUJE, CECILIA	
STREET ADDRESS	1773 WEST 59TH STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATALAN, RAMON E	
STREET ADDRESS	7220 NW 79 TERR	
CITY-ST-ZIP	MIAMI FL 33166	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMILIANO REYES	
STREET ADDRESS	1645 W 31 PLACE	
CITY-ST-ZIP	HIALEAH FL. 33012	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA SALGADO	
STREET ADDRESS	12401 SW. 192 TERRACE	
CITY-ST-ZIP	MIAMI FLORIDA 33177	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: RAMON E CATALAN

09-04-01 3018277454

FILED
Sep 10, 2001 8:00 am
Secretary of State

04-05-2001 90450 029 ****61.25



DO NOT WRITE IN THIS SPACE

12247

0005203

CR2E037 (5/01)

08/31/01 FRI 14:59 FAX 678 530 6156

TELETYPE

#109960000714

Internal Revenue Service

Accounts Management Division I
Branch II - Telefax Unit
Stop 751
PO Box 47421
Chamblee, GA 30362
Phone 678-530-7234/7235
FAX 678-530-6156

The Company completes the
 Competitive Advan
 tions, and growth share
 s by reading system. The
 public as well as the
 store format that also covers
 control that. For De
 Trade: These acquired during

Date: August 31, 2001

IRS TAX EXAMINER ID: 0716936561

TO:	ANGEL D CORDOVA	FAX:	305-445-5105
FROM:	Accounts Management Division I Telefax Unit	Pages:	1
Company Name	SOCIODAN GABRIELA MINERAL INC	Employer ID #	65-1133958
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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