

5/10

FILED

Jul 23, 2002 8:00 am
Secretary of State

05-16-2002 90051 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007205

1. Entity Name

CALTROZ RAGS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2475 WEST 9 COURT

Suite, Apt. #, etc.

3. Mailing Address

2475 West 9th Court

Suite, Apt. #, etc.

City & State

HIALEAH FL.

City & State

HIALEAH, FL.

Zip

33010

Country

US

Zip

33010

Country

US

4. FEI Number

65-0993019

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS A. FUENTES

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

2475 W. 9th CT.

City

HIALEAH

FL

Zip Code

33010

DO NOT WRITE
IN THIS SPACE

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 date if applicable.

(NOTE: Registered Agents' signatures are required when reinstating)

DATE

9/15/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$500.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	FUENTES LUIS A.	2475 West 9th Court	HIALEAH FL. 33010				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	TROCHEZ, Libeth G.	2475 West 9th Court	HIALEAH FL. 33010				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with another like empowerment.

SIGNATURE: pr. Lomery Calvez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 (305) 887-8800

Date

Daytime Phone: #

CR2034B (12/01)