001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008960

Entity Name
TALLER ICABALZETA, INC.

FILED
04 JUN 17 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

Principal Place of Business
SW 142 AVE
FL 33196

Mailing Address
13887 SW 142 AVE
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

04

1. Principal Place of Business
13887 SW 142 Ave

2. Mailing Address

Street Address, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Fl. 33196

City & State

Zip | Country

Zip | Country

4. FEI Number 65-0973289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ICABALZETA, FLORENCIO A
13887 SW 142 AVE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 ☐ Officer ☐ Agent
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 Fee will be $ 50.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICER AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ICABALZETA, FLORENCIO A 13887 SW 142 AVE MIAMI FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Julio & Contreras 13887 SW 142 Ave. Miami Fl 33186. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 06/21/04 10:06:01 001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100038132831 06/21/04--01046--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 all other like empowered.

X
SIGNATURE OF, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

6