

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90004 013 ***158.75

DOCUMENT # **P00000025325**

1. Entity Name

DISTRIBUTOR HA ESHERNDA IMP+EXP KAYHA

Principal Place of Business

**11767 South Dixie Hwy
 UNIT 312
 MIAMI, FL 33156**

Mailing Address

**11767 South Dixie Hwy
 UNIT 312
 MIAMI, FL 33156**

A0079938

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0995131

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CESAR QUINTERO
 11767 South Dixie Hwy
 UNIT 312
 MIAMI, FL 33156**

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]

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

(NOTE: Registered Agent signature required when reinstating)

06/12/01

DATE

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

10. Election Campaign Financing
 Trust Fund Contribution

☐ **\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

P CESAR QUINTERO ☐ Delete
11767 South Dixie Hwy #312
MIAMI, FL 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

06/12/01

(305) 778-7374

Date

Daytime Phone #

CR2E034 (11/00)

Attachment
A0079938

DISTRIBUTOR LA ESMERALDA IMP & EXP KAYLA INC.
11767 SOUTH DIXIE HWY UNIT 312
MIAMI, FL 33156

June 12, 2001

~~FLORIDA DEPARTMENT OF STATE~~
~~RE: DOCUMENT # P00000025325~~
~~FEI # 65-0995131~~

TO WHOM IT MAY CONCERN:

I'M SENDING MY REINSTATEMENT REPORT, BECAUSE I NEVER RECEIVED
ORIGINAL ANNUAL REPORT, I WILL APPRECIATE IF YOU WAIVE THE LATE
CHARGES.

ATTACHED IS THE REINSTATEMENT APPLICATION WITH A CHECK IN THE AMOUNT
\$158.75 FOR THE YEAR 2001.

SINCERELY YOURS

CESAR QUINTERO
PRESIDENT

Quintero



Attachment
A0079938

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 20, 2001

DISTRIBUTOR LA ESMERALDA IMPORT AND EXPORT KAYLA INC.
11767 SOUTH DIXIE HWY
UNIT 312
MIAMI, FL 33156

Subject: **DISTRIBUTOR LA ESMERALDA IMPORT AND EXPORT KAYLA INC.**

Reference
Number:

P00000025325

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SG

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314