

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90063 042 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000032576**

CALAHARY, INC.

1101 BRICKELL AVENUE  
SUITE 800  
MIAMI FL 33131

1101 BRICKELL AVENUE  
SUITE 800  
MIAMI FL 33131

**11039 NW 9th Court**

**11039 NW 9th Court**



65-1001021

PORRAS AND COMPANY, CPA, P.A.  
1101 BRICKELL AVENUE  
SUITE 800  
MIAMI FL 33131

11039 NW 9th Court  
Plantation

FL 33324

FILE NOW!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$650.00  
Make Check Payable to Department of State

\$5.00 May Be  
Added to Fee

D  
CUERVO, MAURICIO G  
1101 BRICKELL AVENUE SUITE 800  
MIAMI FL 33131

D  
Guevara, Mauricio  
11039 NW 9th Court  
Plantation, FL 33324

SIGNATURE: \_\_\_\_\_

ATTACH # P0000032576/661959

PORRAS AND COMPANY  
CERTIFIED PUBLIC ACCOUNTANTS  
(305) 577-8589

1101 BRICKELL AVENUE  
MIAMI, FLORIDA 33131

Taxpayer's Filing Instructions

TO: Calahary, Inc.

Enclosed is your (x) Annual ( ) Quarterly ( ) Monthly

- |  |   |
|--|---|
| <p>( ) Individual</p> <p>( ) Estimated Tax ( ) Voucher 1 ( ) Voucher 2<br/>( ) Voucher 3 ( ) Voucher 4</p> <p>( ) Corporate Tax Return</p> <p>( ) Partnership Tax Return</p> <p>( ) Fiduciary Tax Return</p> <p>( ) Withholding and Fica Return (Form 941)</p> <p>( ) Unemployment Tax Return (Form 940)</p> <p>( ) Tax Withheld Voucher</p> <p>( ) Corporate Tax Deposit Voucher</p> <p>OTHER</p> <p>( ) _____</p> <p>( ) _____</p> | <p>( ) Estimated Tax</p> <p>( ) Corporate Tax Return</p> <p>( ) Partnership Tax Return</p> <p>( ) Annual Report</p> <p>( ) Business Activity</p> <p>( ) Intangible Tax Return</p> <p>( ) Sales Tax Report</p> <p>( ) Unemployment Tax Return (UCT-6)</p> <p>( ) Tangible Personal Property Tax</p> <p>OTHER</p> <p>(X) 2002 Uniform Business Report (UBR)</p> |
|--|---|

SIGNATURES: Please see that the return is signed and dated where indicated by:

- |                                     |   |
|-------------------------------------|---|
| <p>( ) You</p> <p>( ) Your wife</p> | <p>(X) Any Officer</p> <p>( ) Any Partner</p> |
|-------------------------------------|---|

- AMOUNT:
- ( ) No remittance is necessary
- ( ) Remittance necessary
- ( ) Overpayment is being refunded
- ( ) Overpayment is being credited to this year's estimated tax
- ( ) Overpayment applied to next quarter
- ( ) \_\_\_\_\_

Remit by check as follows.

- (X) In full
- ( ) In installment as indicated
- ( ) To bank (with-deposit voucher)
- ( ) \_\_\_\_\_

DATE DUE:  
ON OR BEFORE  
1-May-02

MAKE REMITTANCE TO:  
DEPARTMENT OF STATE

MAIL TO:  
Division of Corporation  
Uniform Business Report Filings  
PO Box 1500, Tallahassee, FL 32302-1500

AMOUNT OTHER  
\$150.00

NOTE: We complete this form on a courtesy basis at a fee of \$35 per form. However we are not responsible for timely filing with the Secretary of State since we are not the registered agents. Please make sure that this form is mailed by certified return receipt which will be the only proof that the form was timely filed with the Florida Department of State. Our firm is not responsible for late filing of this form.

SHOULD YOU HAVE ANY QUESTIONS PLEASE CALL OUR OFFICE