

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035691

1. Entity Name
PAPELITOS, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90249 001 ***150.00

Principal Place of Business Mailing Address
9615 N.W. 1 COURT 9615 N.W. 1 COURT
#203 #203
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024

2. Principal Place of Business 3. Mailing Address
3600 South St Rd 7 3600 South St Rd 7
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FLORIDA MIAMI, FLORIDA

Zip Country Zip Country
33023 U.S.A. 33023 U.S.A.

4. FEI Number Applied For
65-1023824 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, LOURDES A
3894 WEST FLAGLER STREET
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name
CRISTINA CASTIBLANCO
Street Address (P.O. Box Number is Not Acceptable)
9615 NW. 1 COURT #203
PEMBROKE PINES FL 33024

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 * CRISTINA CASTIBLANCO 1-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing statement) DATE

9. 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 \$550.00
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 D ☐ Delete
NAME CASTIBLANCO, CRISTINA
STREET ADDRESS 9615 N.W. 1 COURT #203
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 without other like empowered.

SIGNATURE: PRESIDENT 01/10/01 (979) 442-9641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E024 (10/00)