

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90487 046 ***150.00

DOCUMENT # P00000038262

1. Entity Name
CUADRA'S CORP.



Principal Place of Business
**407 LINCOLN ROAD
SUITE 5-B
MIAMI BEACH FL 33139**

Mailing Address
**407 LINCOLN ROAD
SUITE 5-B
MIAMI BEACH FL 33139**

2. Principal Place of Business

2727 N.W. 17TH TERR

3. Mailing Address

2727 N.W. 17TH TERR.

Suite, Apt. #, etc.

506

Suite, Apt. #, etc.

506

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip **33125**

Country

U.S.A

Zip **33125**

Country

U.S.A

4. FEI Number

65-0999933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CUADRA, JOSE R
2133 W 60TH ST
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name **CUADRA, JOSE R.**
Street Address (P.O. Box Number is Not Acceptable)
2727 N.W. 17TH TERR. #506
MIAMI FL.
City **MIAMI** FL Zip Code **33125**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUIDO, FRANCISCA C	
STREET ADDRESS	2133 WEST 60TH STREET	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE	V	<input type="checkbox"/> Delete
NAME	CUADRAS, RODOLFO	
STREET ADDRESS	2133 WEST 60TH STREET	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSE R. CUADRA** **04/24/2003 (786) 287-5337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)