FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 26, 2001 8:00 am Secretary of State **DOCUMENT #** P00000050465 1. Entity Name 05-10-2001 90211 033 ***150.00 COLCHONERIA DON EMILIO, INC. 07-26-2001 90002 031 ***150.00 Principal Place of Business Mailing Address 7330 SW 82 STREET #B-117 7330 SW 82 STREET #8-117 Ugaooris MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address 57. 821 NW 7344 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 1010643 MIAM I MIAM 1 Not Applicable Country \$8.75 Additional 33143 5. Certificate of Status Desired USA. USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHOMAR, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 17439 NW 66 CT. **MIAMI FL 33015** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (5/01) ☐ Delete Change ☐ Addition TITLE TITLE NAME DOKMAJI, RIZKALLAH NAME 7330 SW 82 STREET #B-117 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP Delete ☐ Change Addition NAME DOKMAJI, CHARLI NAME STREET ADDRESS 7330 SW 82 STREET #B-117 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITI F ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

dress, with all other like empowered.

SIGNATURE:

Colchoneria Don Emilio, Inc. 821 NW 42nd Ave. Miami Fl, 33126 (305)642-5875

July 23, 2001

Division of Corporations
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee Fl, 32302-1500

Re: 2001 Uniform Business Report for Colchoneria Don Emilio, Inc.

Reference Number: P0000050465

I would like to draw your kind attention to the fact that the 2001 UBR form for Colchoneria Don Emilio, Inc. was not filed on time this year reason being that the form was mailed to the wrong address, therefore I did not receive it on time. Please take this into consideration and accept the original filing fee of \$150.00. My mailing address is: 7344 SW 82nd St. #C116 Miami Fl, 33143.

If you need any additional information please contact me at the number above.

Respectfully,

Rizkallah Dokmaji Colchoneria Don Emilio, Inc.