

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90132 046 ***150.00

DOCUMENT # **P00000053948**

1. Entity Name

EXITO, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5022 N. FEDERAL HWY
 Suite, Apt. #, etc.

3. Mailing Address

5022 N. FEDERAL HWY
 Suite, Apt. #, etc.

A0063205

DO NOT WRITE IN THIS SPACE

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

BROWARD

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

BROWARD

4. FEI Number

65-1012567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID J. PENA
1101 BRICKELL AVE., SUITE 1100
MIAMI, FL 33131

Name

RODRIGO POZADA

Street Address (P.O. Box Number is Not Acceptable)

715 N. BEL AIR DRIVE

City

PLANTATION

FL

Zip Code

33317

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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 **DIRECTOR** ☐ Delete
 NAME **CRUZ ELENA AGUILAR**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
 NAME **MARIA PILAR AGUILAR**
 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 **12035 SUELLEN CIRCLE**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12035 SUELLEN CIRCLE**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

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TITLE ☐ Change ☐ Addition
 NAME
 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, with all other like empowered.

SIGNATURE:

[Signature]

4/25/01