

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90431 033 ***150.00

DOCUMENT # **P00000057309**

1. Entity Name

MEDITERRANEAN GALLERY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3178 SW 8 St.

3. Mailing Address

3178 SW 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

FEL Number
65-1016171

Applied For
Not Applicable

Zip Country
33135 USA

Zip Country
33135 USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FRANCISCO ROSES

Street Address (P.O. Box Number is Not Acceptable)
3178 SW 8 St.

Miami FL 33135

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)



**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PD**
NAME **FRANCISCO ROSES**
STREET ADDRESS **3178 SW 8 St.**
CITY-ST-ZIP **Miami, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD**
NAME **JORGE ACOSTA**
STREET ADDRESS **3178 SW 8 St.**
CITY-ST-ZIP **Miami, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD**
NAME **JAVIER INDA**
STREET ADDRESS **3178 SW 8 St.**
CITY-ST-ZIP **Miami, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD**
NAME **ROGELIO TORRADO**
STREET ADDRESS **3178 SW 8 St.**
CITY-ST-ZIP **Miami, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO ROSES 4/30/02 305-644-9595

Date

Daytime Phone #

CR2E034B (12/01)