

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2001 90373 016 ***158.75

DOCUMENT # **P00000075519**

1. Entity Name

Hydalia Enterprises, Inc.

Principal Place of Business

6619 S. Dixie Hwy.
#106
Miami, FL 33143

Mailing Address

6619 S. Dixie Hwy.
#106
Miami, FL 33143

2. Principal Place of Business

6619 S. Dixie Hwy
 Suite, Apt. #, etc.
#106

3. Mailing Address

6619 S. Dixie Hwy
 Suite, Apt. #, etc.
#106

City & State

Miami, FL

City & State

Miami, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. FEI Number

65-1037307

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0056686

6. Name and Address of Current Registered Agent

Scott Calandro
625 Biltmore Way #902
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name

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

625 Biltmore Way #902

City

Coral Gables

FL

Zip Code

33134

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

Scott Calandro President 4/15/2001

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 **President** ☐ Delete
 NAME **Scott Calandro**
 STREET ADDRESS **625 Biltmore Way #902**
 CITY-ST-ZIP **Coral Gables FL 33134**

TITLE **Secretary** ☐ Delete
 NAME **Scott Calandro**
 STREET ADDRESS **625 Biltmore Way #902**
 CITY-ST-ZIP **Coral Gables FL 33134**

TITLE **Treasurer** ☐ Delete
 NAME **Scott Calandro**
 STREET ADDRESS **625 Biltmore Way #902**
 CITY-ST-ZIP **Coral Gables FL 33134**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President of Operations** ☐ Change ☒ Addition
 NAME **Elizabeth Buttle**
 STREET ADDRESS **625 Biltmore Way #902**
 CITY-ST-ZIP **Coral Gables FL 33134**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Scott Calandro

Scott Calandro

4/15/2001

786-261-4656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)