

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109046

1. Entity Name

ALDARA, INC.

Principal Place of Business

6201 SW. 104 ST
MIAMI, FL 33156

Mailing Address

6201 SW 104 ST
MIAMI, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1056462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIA BESTARD
6201 SW. 104 ST
MIAMI, FL 33156

Name

FEI

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

City

FL

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)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

PD
NAME MARIA BESTARD
STREET ADDRESS 6201 SW. 104 ST
CITY - ST - ZIP MIAMI, FL 33156

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

800004743198-8

12/28/01 01081-004
****150.00 ****150.00

TITLE ☐ Delete

NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA BESTARD

11/27/01

CR2E034 (11/00)

FILED
01 DEC 10 PM 2:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/2

2al2

November 28, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Aldara, Inc.
P00000109046

To Whom It May Concern:

As per our telephone conversation with your agent, we are writing to you to request a one-time waiver to renew the above corporation, along with a \$150 payment for the year 2001.

The company was incorporated on November 27, 2000. Unfortunately, I was unaware we had to renew this yearly. It was only until last week my mortgage broker brought to my attention the corporation was inactive and I realized we never received the form. The address has been changed for a while now. I have enclosed the Uniform Business Report reflecting the correct address.

We would appreciate any help you can provide. Thanking you for your consideration.

Sincerely,


Maria Bestard
President