

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90216 015 ***150.00

UNABSEZ
AV

DOCUMENT # P00000109046

1. Entity Name
ALDARA, INC.

Principal Place of Business

6201 S.W. 104 ST.
MIAMI FL 33156

Mailing Address

6201 S.W. 104 ST.
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1575 West Ave
Suite, Apt. #, etc.
#9

3. Mailing Address

1575 West Ave
Suite, Apt. #, etc.
#9

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number 65-1056462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BESTARD, MARIA
6201 S.W. 104 ST.
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code 33139

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD
NAME BESTARD, MARIA
STREET ADDRESS 6201 S.W. 104 ST.
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARIA BESTARD
STREET ADDRESS 1575 West Ave Apt #9
CITY-ST-ZIP MIAMI Beach, FL 33139 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment

August 12, 2002

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

RE: ALDARA, INC.
P00000109046

677186

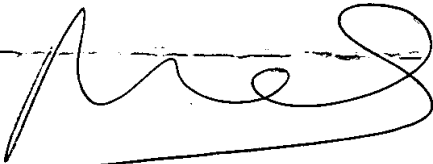
To Whom It May Concern:

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 2002, as instructed.

After speaking with your agent, we realized that the annual report had been mailed to the wrong address. Our business address is: 1575 West Ave., Apt #9, Miami Beach, FL 33139.

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

Sincerely,



Maria Bestard
President