## **2001 UNIFORM BUSINESS REPORT (UBR)**

Narun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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## FILED May 14, 2001 8:00 am Secretary of State DÖCUMENT # P00000112566 1. Entity Name QUE LINDO'S USA, INC 05-14-2001 90229 009 \*\*\*150.00 Principal Place of Business Mailing Address 5440 STATE ROAD 7 SUITE 221 5440 STATE ROAD 7 SUITE 221 FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1066592 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Business Solutions Group GIP GLOBAL BUINESS SOLUTIONS GROUP CORP. Street Address (P.O. Box Number is Not Acceptable) 5440 STATE ROAD 7 SUITE 221 FORT LAUDERDALE FL 33319 *፯ቕ*፟፮፝፞ઽ૿ૺૺૺ 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** ☐ Addition ☐ Change TITLE ☐ Delete TITLE MARTINEZ, BLANCA NAME NAME STREET ADDRESS STREET ADDRESS 5440 STATE ROAD 7 SUITE 221 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33319 Change ☐ Addition THE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

04-34.01 914.659.8835