

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90003 001 \*\*\*150.00

**DOCUMENT # P00000113762**

1. Entity Name  
**ALDINY THE WHOLESALE & RETAIL CO.**

Principal Place of Business

**6881 BAY DR. #8  
 MIAMI BEACH FL 33141**

Mailing Address

**6881 BAY DR. #8  
 MIAMI BEACH FL 33141**

2. Principal Place of Business

**65 FLAGLER DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**65 FLAGLER DRIVE**  
 Suite, Apt. #, etc.

City & State  
**MIAMI SPRINGS, FL.**

Zip  
**33166**

Country  
**USA**

City & State  
**MIAMI SPRINGS, FL**

Zip  
**33166**

Country  
**USA**

4. FEI Number  
**65-1065456**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOMEZ, DIAMILET  
 6881 BAY DR. #8  
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **Gomez, Diamilet**  
 Street Address (P.O. Box Number is Not Acceptable)  
**65 FLAGLER DRIVE**  
 City **MIAMI SPRINGS, FL** Zip Code **33166**

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] / Diamilet Gomez** DATE **01-10-2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BERMUDEZ, NYDIA 6881 BAY DR. #8 MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD GOMEZ, DIAMILET 6881 BAY DR. #8 MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Bermudez, Nydia 65 Flagler Drive MIAMI SPRINGS, FL. 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD/STD Gomez, Diamilet 65 Flagler Drive MIAMI SPRINGS, FL. 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]** **01-10-2002 (786) 4021619**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0061370 AV

CR2E034 (9/01)