

2002 UNIFORM BUSINESS REPORT (UBR)

0216644 AV

DOCUMENT # P00000114195

1. Entity Name
UNDOSO ENTERPRISES INC.

FILED

02 FEB -7 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2476 SW 8 STREET
MIAMI FL 33135

Mailing Address
2476 SW 8 STREET
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1094249

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALVANERA, ADRIANA
2476 SW 8TH STREET
MIAMI FL 33175

Name

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
NAME BALVANERA, ADRIANA
STREET ADDRESS 2476 SW 8 STREET
CITY-ST-ZIP MIAMI FL 33135

TITLE DP ☐ Change ☒ Addition
NAME ISRAEL LORENZO
STREET ADDRESS 2476 SW 8 ST
CITY-ST-ZIP MIAMI FL 33135

TITLE DT ☐ Delete
NAME GONZALEZ, LAURA ELENA
STREET ADDRESS 2476 SW 8 STREET
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Change ☐ Addition
NAME 100004917351--0
STREET ADDRESS -02/13/02--01107--014
CITY-ST-ZIP *****450.00 *****450.00

TITLE DS ☐ Delete
NAME GUEDES, JOSE ANTONIO
STREET ADDRESS 2476 SW 8 STREET
CITY-ST-ZIP MIAMI FL 33135

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Daytime Phone #

CR2E034 (9/01)