

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90078 024 ***150.00

DOCUMENT # P01000004941

1. Entity Name

BANDEIRA CORP.

Principal Place of Business

**18051 BISCAYNE BLVD. APTM #505
TOWER 1 NORTH
AVENTURA FL 33160**

Mailing Address

**18051 BISCAYNE BLVD. APTM #505
TOWER 1 NORTH
AVENTURA FL 33160**

2. Principal Place of Business

3571 Magellan Cir #347

Suite, Apt. #, etc.

#347-4

City & State

Aventura FL

Zip

33180

Country

U.S.A

3. Mailing Address

3571 Magellan Circle

Suite, Apt. #, etc.

#347-4

City & State

Aventura FL

Zip

33180

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1071024

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORENO, MARGARITA
18051 BISCAYNE BLVD, APTM #505
TOWER 1 NORTH
AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name **Moreno, Margarita**

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

3571 Magellan Circle #347-4

City

Aventura, FL

FL

Zip Code

33180

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

Moreno, Margarita

MB

01/09/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MORENO, MARGARITA L	
STREET ADDRESS	18051 BISCAYNE BLVD, APTM #505	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moreno, Margarita	
STREET ADDRESS	3571 Magellan Circle	
CITY-ST-ZIP	Apt #347-4 Aventura FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MORENO, MARGARITA L
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02

Date

Daytime Phone #

305-9310719

CR2E034 (9/01)