FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90121 012 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000010871

1. Entity Name

Aizcarbe-Cueto Interiors, Inc
424 Castania Avenue
Coral Gables, FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
*6701 SW. 116 Court	424 Castania Avenue
Suite, Apt. #, etc.: *#109	Suite, Apt. #, etc.:
City & State: *Miami, FL	City & State: Coral Gables, FL
Zip: *33178 Country: *Dade	Zip: 33146 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1076375 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lourdes T. Aizcarbe-Cueto

Street Address (P.O. Box Number is Not Acceptable): 424 Castania Avenue

City: Coral Gables FL Zip Code: 33146

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] *10.1.02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00*
Amended UBR is $61.25
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	President
NAME	Lourdes T. Aizcarbe-Cueto
STREET ADDRESS	424 Castania Avenue
CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	Director
NAME	Lourdes T. Aizcarbe-Cueto
STREET ADDRESS	424 Castania Avenue
CITY-ST-ZIP	Coral Gables, FL 33146

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[signature] *10.1.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)