

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90228 006 ***158.75

DOCUMENT # P01000021601

1. Entity Name

BERMEO HNOS, USA, INC.

Principal Place of Business

CB#3253

P.O. BOX 025562

MIAMI FL 33102-5562

Mailing Address

CB#3253

P.O. BOX 025562

MIAMI FL 33102-5562

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1092010

Applied For

Not Applicable

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

AMORES, CARIDAD ESQ.

294 WESTWARD DR.

MIAMI SPRINGS FL 33166

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **BERMEO, SUSAN MARIE**
CITY-ST-ZIP **CB#3253 P.O. BO 025562**
MIAMI FL 33102-5562

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan S. Bermeo
SUSAN S. Bermeo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 26, 2002
Date Daytime Phone # **593-783-1722**

CR2E034 (4/02)



BERMEO Hnos. USA, INC.

CB#3253

P.O. BOX 025562

MIAMI, FL 33102-5562

Cuenca, August 26th, 2002

Florida Department of State
Division of Corporations
UBR Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

We have just set up the corporation, and did not receive the any prior notice regarding this fee. We live in Ecuador, and the mail is forwarded to us, and in a few cases it has not reached us.

In your bulletin FAQ section, it indicates the late fee can be waived, so we ask you to waive it since we did not receive prior notice.

Enclosed is our check for \$158.75 covering the \$150.00 filing fee and the Certificate of Status.

Sincerely,



Susan M. Bermeo
Director