

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90045 026 ***150.00

DOCUMENT # P01000022349

1. Entity Name
BELKIS VENDING USA INC.

Principal Place of Business

7337 SW 22 STREET
MIAMI FL 33155

Mailing Address

7337 SW 22 STREET
MIAMI FL 33155

2. Principal Place of Business

3349 SW 143 PL

3. Mailing Address

3349 SW 143 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

651079956

Applied For

Not Applicable

Zip

33175

Country

MIAMI Dade

Zip

33175

Country

MIAMI Dade

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, REINALDO
7337 SW 22 STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Reinaldo Guerra

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

3349 SW 143 PL

City

MIAMI

FL

Zip Code

33175

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

| | | |
|-----------------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GUERRA, REINALDO | |
| STREET ADDRESS | 7337 SW 22 STREET | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GUERRA, BELKIS | |
| STREET ADDRESS | 7337 SW 22 STREET | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| 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 | D-P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Guerra Reinaldo | |
| STREET ADDRESS | 3349 SW 143 PL | |
| CITY-ST-ZIP | MIAMI FL 33175 | |
| TITLE | D-T-S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELKIS GUERRA | |
| STREET ADDRESS | 3349 SW 143 PL | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)