

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-28-2002 91719 025 ***150.00

DOCUMENT # P01000033980

1. Entity Name

SWEET EXPRESSIONS BY C & D, INC.

Principal Place of Business

2927 S.W. 65 AVE
MIAMI FL 33155

Mailing Address

2927 S.W. 65 AVE
MIAMI FL 33155

2. Principal Place of Business

2927 SW 65 AVE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip 33125

Country US

Zip

Country

4. FEI Number

65-1089600

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

NINA-QUISPE, CRISTINA
2927 S.W. 65 AVE
MIAMI FL 33155

7. Name and Address of New Registered Agent

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

TITLE PD
NAME NINA-QUISPE, CRISTINA
STREET ADDRESS 2927 S.W. 65 AVE
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE DVP
NAME CARIAS, MAXIMO D
STREET ADDRESS 2927 S.W. 65 AVE
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)