**FILED**
**May 21, 2002 8:00 am**
**Secretary of State**
05-21-2002 90886 028 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040402

1. Entity Name: Cellargo Enterprices Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business: 16100 Collins Ave
Suite, Apt. #, etc.: #102
City & State: Sunny Isles Beach FL
Zip: 33160 Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1120246 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: Zilia Quintana
Street Address (P.O. Box Number is Not Acceptable): 16100 Collins Ave Suite #102
City: Sunny Isles Beach FL Zip Code: 33160

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: Z. Quintana
(Signature: Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when resigning) 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: Pd<br>NAME: Zilia Quintana<br>STREET ADDRESS: 16100 Collins Ave suite #102<br>CITY-ST-ZIP: Sunny Isles Beach FL 33160 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE: Vicep.<br>NAME: Jose Andres Estrada<br>STREET ADDRESS: 16100 Collins Ave Suite #102<br>CITY-ST-ZIP: Sunny Isles Beach, FL 33160 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

**DO NOT WRITE IN THIS SPACE**

CR2EC046 (12/01)

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: Z. Quintana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Telephone Number