

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90065 004 ***158.75

DOCUMENT # P01000058716

1. Entity Name

FRUCALI INTERNATIONAL, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7035 NW 186 Street

Suite, Apt. #, etc.

D-208

City & State

Miami, Florida

Zip

33015

Country

USA

3. Mailing Address

7035 NW 186 Street

Suite, Apt. #, etc.

D-208

City & State

Miami, Florida

Zip

33015

Country

USA

4. FEI Number

65-1113017

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **GLADYS ARIAS**

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

7035 NW 186 St Suite D-208

City

Miami

FL

Zip Code

33015

**DO NOT WRITE
IN THIS SPACE**

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 GLADYS ARIAS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/20/2002

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
NAME ARIAS GRISALES, GLADYS
STREET ADDRESS 7035 NW 186 St Suite D0208
CITY-ST-ZIP Miami, FL 33015

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**DO NOT WRITE
IN THIS SPACE**

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:

GLADYS ARIAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/02 (305)829-0306

Date

Daytime Phone #

CR2E034B (12/01)