

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90319 038 ***150.00

DOCUMENT # P01000059777



1. Entity Name
ALMENDAREZ M, CORPORATION

Principal Place of Business
**1642 SW 19 TERRACE
MIAMI FL 33145**

Mailing Address
**PO BOX 420119
MIAMI FL 33242**



2. Principal Place of Business
221 SW 24 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State

4. FEI Number **65-1114724**

Applied For
Not Applicable

Zip
33135

Country

Zip

Country

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

**ALMENDAREZ, MARIO
1642 SW 19 TERRACE
MIAMI FL 33145**

Name **Almendarez, MARIO**

Street Address (P.O. Box Number is Not Acceptable)
221 SW 24 AVE

City **Miami** **FL** Zip Code **33135**

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 **X Mario Almendarez**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

01/20/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **ALMENDAREZ, MARIO**
STREET ADDRESS **1642 SW 19 TERRACE**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☒ Change ☐ Addition
NAME **Almendarez, MARIO**
STREET ADDRESS **221 SW 24 AVE**
CITY-ST-ZIP **Miami, FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/03 (305) 642-6058
Date Daytime Phone #

CR2E034 (10/02)