

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90027 035 \*\*\*158.75

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**DOCUMENT # P01000060210**

1. Entity Name  
**CALMOX USA CORP.**

Principal Place of Business  
**7432 SW 48 STREET**  
**MIAMI FL 33155**

Mailing Address  
**7432 SW 48 STREET**  
**MIAMI FL 33155**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1113391**

Applied For

Not Applicable

Zip

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

**CORPORATE CREATIONS NETWORK INC.**  
**941 FOURTH STREET #200**  
**MIAMI BEACH FL 33139**

Name

**GREGORY VELEZ**

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

**7432 SW 48 STREET**

City **MIAMI**

**FL**

Zip Code **33155**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **D LUNA, CARLOS ALBERTO** ☐ Delete  
 STREET ADDRESS **7432 SW 48 STREET**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE  
 NAME **VP** ☐ Change ☒ Addition  
 STREET ADDRESS **LUNA C., CARLOS A.**  
 CITY-ST-ZIP **7432 SW 48 STREET**  
**MIAMI FL 33155**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **TREASURER** ☐ Change ☒ Addition  
 STREET ADDRESS **LUNA, DANIEL DAVID**  
 CITY-ST-ZIP **7432 SW 48 STREET**  
**MIAMI FL 33155**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
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 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

**CARLOS A. LUNA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/02**  
 Date

**(305) 665 6052**  
 Daytime Phone #

CR2E034 (9/01)