

2005 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90027 026 \*\*\*150.00

DOCUMENT # P01000073362

1. Entity Name

MIQUEO FARMAS CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

521 S.W. 78th. Place

3. Mailing Address

521 S.W. 78th. Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Miami, Fla.

City & State  
 Miami, Fla.

4. FEI Number

65-1124680

Applied For

Not Applicable

Zip

33144

Country

Zip

33144

Country

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  
 MIQUEO, ZOA

Street Address (P.O. Box Number is Not Acceptable)  
 521 S.W. 78th. Place

City  
 Miami

FL

Zip Code  
 33144

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PD  
 Miqueo, Faustino  
 521 S.W. 78th. Place  
 Miami, Fla. 33144

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STD  
 Miqueo, Zoa  
 521 S.W. 78th. Place  
 Miami, Fla. 33144

TITLE  
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 CITY-ST-ZIP

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**DO NOT WRITE  
 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Zoa Miqueo*

ZOA MIQUEO

04-01-05

(305) 262-4354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC.

Date

Daytime Phone #

CR2E034B (12/02)