

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90054 008 ***158.75

DOCUMENT # P01000092199

1. Entity Name
ACOLCEX INTERNATIONAL INC

Principal Place of Business

**11040 SW 40TH STREET
 MIAMI FL 33165**

Mailing Address

**11040 SW 40TH STREET
 MIAMI FL 33165**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10401 SW 108 Av

Suite, Apt. #, etc.

C-134

City & State

Miami, Florida

Zip

33176

Country

USA

3. Mailing Address

10401 SW 108 Av

Suite, Apt. #, etc.

C-134

City & State

Miami, Florida

Zip

33176

Country

USA

4. FEI Number

651139658

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORNEJO, HUGO A
 11040 SW 40TH STREET
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

CALVO, ALMA R.

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

10401 SW 108 Av # C-134

City

Miami

FL

Zip Code

33176

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.

CALVO, ALMA R.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/02

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

TITLE **PD** ☐ Delete
 NAME **CORNEJO, HUGO A**
 STREET ADDRESS **11040 SW 40TH STREET**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VD** ☐ Delete
 NAME **CHAVES, CARLOS D**
 STREET ADDRESS **11040 SW 40TH STREET**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **SD** ☒ Delete
 NAME **ROCHA, HERCILIA A**
 STREET ADDRESS **11040 SW 40TH STREET**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
 NAME **CALVO, ALMA R.**
 STREET ADDRESS **10401 SW 108 Av # C-134**
 CITY-ST-ZIP **Miami, FL. 33176**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Mercado, CARLOS D.**
 STREET ADDRESS **10401 SW 108 Av # C-134**
 CITY-ST-ZIP **Miami, FL. 33176**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Montealegre, Hugo A.**
 STREET ADDRESS **10401 SW 108 Av # C-134**
 CITY-ST-ZIP **Miami, FL. 33176**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

305 228 1121

Date

Daytime Phone #

CR2E034 (9/01)