

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90290 008 ***150.00

DOCUMENT # P01000109662

1. Entity Name

MISTER TEQUENO INTERNATIONAL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11210 NW 73 Terrace

Suite, Apt. #, etc.

3. Mailing Address

11210 NW 73 Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-115377X

Applied For

Not Applicable

Zip

33178

Country

Zip

33178

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HART, DAVID J

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

21 SE 1 Ave, 10th Floor

City

MIAMI

FL

Zip Code

33131

**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

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) ☐

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

CEDENO, ELISAUL

STREET ADDRESS

21 SE 1 Ave

CITY-ST-ZIP

MIAMI FL 33131

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

CEDENO ELIZABETH J

STREET ADDRESS

21 SE 1 Ave

CITY-ST-ZIP

MIAMI FL 33131

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

APOLLINI-CABUTO, VINCENTO

STREET ADDRESS

21 SE 1 Ave

CITY-ST-ZIP

MIAMI FL 33131

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH CEDENO

Date

Daytime Phone #

CR2E034B (12/01)