

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90099 033 ***150.00

0000151 AV

DOCUMENT # P02000000182

1. Entity Name
KALIER 2002, CORP.

Principal Place of Business

**782 NW 42 AVE STE 637
MIAMI FL 33126**

Mailing Address

**782 NW 42 AVE STE 637
MIAMI FL 33126**

2. Principal Place of Business

782 NW 42 AVE

Suite, Apt. #, etc.

STE. 637

City & State

Miami, Florida.

Zip

33126

Country

3. Mailing Address

782 NW 42 AVE

Suite, Apt. #, etc.

STE. 637

City & State

Miami, Florida.

Zip

33126

Country

4. FEI Number

4 04-3589151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A
782 NW 42 AVE STE 637
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **MAZZA-Martinez, Tania A.**

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

782 NW 42 AV. STE 637

City **Miami**

FL

Zip Code

33126

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, acceptable.

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PACHECO, NORMA	
STREET ADDRESS	686 CONSERVATION DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ACOSTA, JUAN V	
STREET ADDRESS	686 CONSERVATION DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERA, BELEN	
STREET ADDRESS	686 CONSERVATION DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACOSTA, ERNESTO	
STREET ADDRESS	686 CONSERVATION DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACOSTA, NORMA K	
STREET ADDRESS	686 CONSERVATION DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)