FILED
Aug 06, 2003 8:00 am
Secretary of State
06-11-2003 90062 020 ***150.00

6/1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000018187

1. Entity Name
Cinderella Home Rent

ELN. 02-0611015
55053456
[redacted]
Resale Cert. No.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Miramar, FL.
Suite, Apt. #, etc.

3. Mailing Address
3018 SW. 165 Ave
Suite, Apt. #, etc.

City & State: Miramar
City & State: Florida
Zip: 33027
Country: Broward
Zip: 33027
Country:

4. FEI Number
16-19.3520934
Applied For
Not Applicable

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: Gladys Baldo
Street Address (P.O. Box Number is Not Acceptable)
3018 SW. 165 Ave
City: Miramar FL Zip Code: 33027

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: Gladys Baldo
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1st thru May 1st Fee is $150.00
After May 1st Fee is $300.00
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 X NAME STREET ADDRESS CITY-ST-ZIP	Gladys Baldo 3018 SW. 165 AVE Miramar FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT
TITLE X NAME STREET ADDRESS CITY-ST-ZIP	Salvador Baldo VICE-PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ADDRESS AS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: Gladys Baldo 6/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

55053456

[redacted] Attachment [redacted]
P02000018187

Thank you for sending the form.

We recently moved to the Miramar, Florida address.

3018 SW. 165 Ave
Miramar, FL. 33027

from previous address 1616 NW. 8th Dr
Pembroke Pines
FL. 33028.

This is the reason why I did not receive apparently the municipal business report I was unable to mail in payment.

I apologize for any delay in the fee.

Enclosed please find check

Thank you,

Gladys Balda