

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90107 024 ***150.00

0272430 AV

DOCUMENT # P02000056009

1. Entity Name

CHOLADOS Y DELICIAS DEL VALLE, CORP.



Principal Place of Business

**16900 N BAY ROAD SUNNY BLDG 3 #710
N MIAMI BEACH FL 33160**

Mailing Address

**16900 N BAY ROAD SUNNY BLDG 3 #710
N MIAMI BEACH FL 33160**

2. Principal Place of Business

19801 E Country Club Dr.

Suite, Apt. #, etc.

4-601

City & State

Aventura FL

Zip

33180

Country

W. Am. Dade

3. Mailing Address

19801 E. Country Club Dr.

Suite, Apt. #, etc.

4-601

City & State

Aventura FL

Zip

33180

Country

Miami Dade



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0447291

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MARIN, DORALBA

16900 N BAY ROAD SUNNY BLDG 3 #710

N MIAMI BEACH FL 33160

**19801 E. Country Club Dr.
apt 4-601**

Aventura, FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☒ Delete
NAME **MARIN, DORALBA**
STREET ADDRESS **16900 N BAY ROAD SUNNY BLDG 3 #710**
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **MARIN DORALBA**
STREET ADDRESS **19801 E Country Club Dr. apt 4-601**
CITY-ST-ZIP **Aventura, FL 33180**

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARIN DORALBA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03

Date

Daytime Phone #

CR2E034 (10/02)