

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91359 015 \*\*\*158.75

DOCUMENT # P02000067961

1. Entity Name  
CALATAYUD INVESTMENTS INC.



Principal Place of Business  
9890 HEATHER LANE  
MIRAMAR FL 33025

Mailing Address  
9890 HEATHER LANE  
MIRAMAR FL 33025

55043130



2. Principal Place of Business

3. Mailing Address

9890 HEATHER LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR FLORIDA

4. FEI Number

0510569555

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33025

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CALATAYUD, ELGIO  
9890 HEATHER LANE  
MIRAMAR FL 33025

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

*Eligio Calatayud*

Signature, typed or printed name of registered agent and fee 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CALATAYUD, ELGIO  
9890 HETHER LANE  
MIRAMAR FL 33025 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

*Eligio Calatayud*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (10/02)