

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91163 012 \*\*\*150.00

**DOCUMENT # P02000111027**

1. Entity Name  
**CANAL UNO US, CORP.**



Principal Place of Business  
**3758 PRAIRIE AVE**  
**MIAMI BCH FL 33140**

Mailing Address  
**3758 PRAIRIE AVE**  
**MIAMI BCH FL 33140**



2. Principal Place of Business

3. Mailing Address

**19501 West Country Club Dr**

**19501 West Country Club Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#309**

**#309**

City & State

City & State

**Aventura, FL**

**Aventura, Fla**

Zip

Zip

**33180**

Country

Country

**U.S.A**

**33180**

**U.S.A**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Not Applicable

**11-3686472**

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

**MAZZA-MARTINEZ, TANIA A**  
**780 NW 42 AVE STE 420**  
**MIAMI FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P BENAIM, DANIEL**  
STREET ADDRESS **3758 PRAIRIE AVE**  
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE ☒ Change ☐ Addition  
NAME **P BENAIM, DANIEL**  
STREET ADDRESS **19501 West Country Club Dr. #309**  
CITY-ST-ZIP **Aventura, Fla 33180**

TITLE ☐ Delete  
NAME **D DE BENAIM, LILI S**  
STREET ADDRESS **3758 PRAIRIE AVE**  
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE ☒ Change ☐ Addition  
NAME **D DE BENAIM, LILI S.**  
STREET ADDRESS **19501 West Country Club Dr #309**  
CITY-ST-ZIP **Aventura, Fla 33180**

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 28, 03**

Date

**805 935 2749**

Daytime Phone #

CR2E034 (10/02)