

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90319 039 ***158.75

DOCUMENT # P02000113131

1. Entity Name
COMERCIALIZADORA VALDIVIESO USA CORP.



Principal Place of Business
7062 N.W. 77 COURT
MIAMI FL 33166

Mailing Address
7062 N.W. 77 COURT
MIAMI FL 33166

2. Principal Place of Business
7062 NW 77CT
Suite, Apt. #, etc.

3. Mailing Address
SAME
SAME

City & State
MIAMI FL

City & State
SAME

Zip
33166
Country
U.S.A.

Zip
SAME
Country
SAME

4. FEI Number
161633855

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LONDONO, FABIO
7062 N.W. 77 COURT
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
FABIO LONDONO
Street Address (P.O. Box Number is Not Acceptable)
5020 NW 79 AV - B-7 Apt 107
City
MIAMI
FL
Zip Code
33166

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 *Fabio Londono*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/27/03*

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NAME
VALDIVIESO, OSCAR M
STREET ADDRESS
7062 N.W. 77 COURT
CITY-ST-ZIP
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
V
NAME
VALDIVIESO, SILVIA S
STREET ADDRESS
7062 N.W. 77 COURT
CITY-ST-ZIP
MIAMI FL 33166

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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 no other like empowered.

SIGNATURE: *Oscar M. Valdivieso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-03 **(305) 542-6024**
Date **Daytime Phone #**

CR2E034 (10/02)