

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90175 034 ***150.00

DOCUMENT # P93000022108

1. Entity Name

ALDO'S CORNER CORP.

Principal Place of Business
 2500 NW 21 TERRACE
 MIAMI, FL 33142

Mailing Address
 2500 NW 21 TERRACE
 MIAMI, FL 33142

2. Principal Place of Business
 2500 NW 21 TERRACE

3. Mailing Address
 2500 NW 21 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number
 65 0394572

Applied For

Not Applicable

Zip
 33142

Country
 MIAMI DADE

Zip
 33142

Country
 MIAMI DADE

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
 ALDO OLIVEROS

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

2500 NW 21 TERRACE

City

MIAMI

FL

Zip Code
 33142

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.

SIGNATURE

Aldo Oliveros

4/26/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 OLIVEROS, ALDO
 2500 NW 21 TERRACE
 MIAMI, FL 33142 ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALDO OLIVEROS

4/26/01

(305)634 9497

Date

Daytime Phone #

CR2E034 (11/00)