

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90188 037 ***150.00

DOCUMENT # P93000058900

1. Entity Name
ALQUIMIA INTERNATIONAL GROUP, INC.



Principal Place of Business
**3450 LAKESIDE DR
#145
HOLLYWOOD FL 33027**

Mailing Address
**3450 LAKESIDE DR
#145
HOLLYWOOD FL 33027**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0431405**

☒ 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

~~CASTANEDA, EDUARDO J~~
~~3450 LAKESIDE DRIVE~~
~~SUITE 145~~
~~MIRAMAR, FL 33027~~

7. Name and Address of New Registered Agent

Name **RICHARD J ALAN CAHAN, ESO**
Street Address (P.O. Box Number is Not Acceptable)
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE SUITE 100
City **MIAMI** Zip Code **FL 33126**

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]* **RICHARD J ALAN CAHAN AGENT 04/25/03**
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 **DP** ☐ Delete
NAME **CASTANEDA, EDUARDO J**
STREET ADDRESS **3450 LAKESIDE DRIVE SUITE 145**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **ST** ☒ Delete
NAME ~~CASTANEDA, EDUARDO J~~
STREET ADDRESS ~~3450 LAKESIDE DRIVE~~
CITY-ST-ZIP ~~MIRAMAR, FL 33027~~

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 **DST** ☐ Change ☒ Addition
NAME **CESAR A RIVERA**
STREET ADDRESS **1308 CAMELIA LANE**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Change ☒ Addition
NAME **VP**
NAME **CARLOS BUESO**
STREET ADDRESS **AVENIDA PRINCIPAL #2624 COL. TRES**
CITY-ST-ZIP **CAMINOS, TEGUCIGALPA, HONDURAS**

TITLE ☐ Change ☒ Addition
NAME **VP**
NAME **VIOLETA CHOINSKI**
STREET ADDRESS **19414 NW 82 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33015**

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: *[Signature]* **CESAR A RIVERA** 4-25-03 954-392-6497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)