

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **P94 000024351**

1. Entity Name

CLANDESTINO CORPORATION

FILED

02 DEC 16 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4361 NW 110 Avenue

3. Mailing Address
SAME AS BUSINESS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State

4. FEI Number
65-0478378

Applied For
Not Applicable

Zip
33178

Country
US

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Carlos E. Cuellar

Street Address (P.O. Box Number is Not Acceptable)
4361 NW 110 Avenue

City **Miami**

FL

Zip Code
33178

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

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
Cuellar, Carlos E
4853 NW 97 Court
Miami, Florida 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**8000003529218
12/16/02--01103--001 **61.25**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPSTD
Lozano, Carlos
3000 Island Blvd., #2204
Aventura, Florida 33160**

TITLE
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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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-02 305-591-9999

Date

Daytime Phone #

CR2E034B (12/01)