

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90007 014 ***550.00

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DOCUMENT # P94000026970
1. Entity Name
CALDERON "SISTERS" INC.

Principal Place of Business 5209 NW 74TH AVE. SUITE 218 MIAMI FL 33166 US	Mailing Address 5209 NW 74TH AVE. SUITE 218 MIAMI FL 33166 US
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2. Principal Place of Business 4833 NW 12 AVE Suite, Apt. #, etc.	3. Mailing Address 4833 NW 12 AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami FL	City & State Miami FL	4. FEI Number 65-0478692	Applied For <input type="checkbox"/> Not Applicable
Zip 33166	Country US	Zip 33166	Country US

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

6. Name and Address of Current Registered Agent
MARTINEZ, BRAULIO
5209 NW 74TH AVE.
SUITE 218
MIAMI FL 33166

7. Name and Address of New Registered Agent
Name **MARTINEZ, Braulio**
Street Address (P.O. Box Number is Not Acceptable)
4833 NW 12 AVE
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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARTINEZ, BRAULIO 5209 NW 72ND AVE. #218 MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, BRAULIO 5209 NW 72ND AVE. #218 MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martinez, Braulio PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4833 NW 12 AVE MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martinez, Braulio D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4833 NW 12 AVE MIAMI FL 33166.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ **Daytime Phone #** _____

CP2E034 (5/01)