

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**

2. Principal Place of Business

4833 NW 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

4833 NW 72 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0478692

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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 72 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

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 \$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 **PVST** ☐ Delete
 NAME **MARTINEZ, BRAULIO**
 STREET ADDRESS **5209 NW 72ND AVE. #218**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
 NAME **MARTINEZ, BRAULIO**
 STREET ADDRESS **5209 NW 72ND AVE. #218**
 CITY-ST-ZIP **MIAMI FL 33166**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Martinez, Braulio PVST** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4833 NW 72 AVE**
 CITY-ST-ZIP **Miami FL 33166**

TITLE **Martinez, Braulio D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4833 NW 72 AVE**
 CITY-ST-ZIP **Miami FL 33166**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)