

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000037086**

1. Entity Name

TRADEMAR CONSOLIDATORS CORP.**FILED****Feb 01, 2000 8:00 am
Secretary of State**

02-01-2000 90137 003 ***150.00

Principal Place of Business

Mailing Address

8454 NW 70TH ST
MIAMI FL 33166
USP O BOX 4308
HIALEAH FL 33014-0308
US

B0011348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0581219**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

7. Name and Address of New Registered Agent

**MONTERO, NARCISO
4710 NW 170TH STREET
MIAMI FL 33055**Name **MARIANA Ceballos**Street Address (P.O. Box Number is Not Acceptable)
1356 W. 82 STREETCity **Hialeah** FL Zip Code **33014**

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

*Mariana Ceballos***1-18-00**

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, 2000 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 | P-A | <input type="checkbox"/> Delete |
| NAME | CANELA, HERIBERTO | |
| STREET ADDRESS | 8027 W 14 AVENUE | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CEBALLOS, FRANCISCO | |
| STREET ADDRESS | 1356 W 82 ST | |
| CITY-ST-ZIP | HIALEAH FL 33014 | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:*Mariana Ceballos***1-20-00****3054718110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #