2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am DOCUMENT # P96000048410 **Secretary of State** 1. Entity Name ELDI INTERNATIONAL, INC. 02-08-2001 90188 001 ***150.00 Principal Place of Business Mailing Address 954 WEST 22ND STREET 954 WEST 22ND STREET HIALEAH FL 33010 **UUUTJJUU** HIALEAH FL 33610 2. Principal Place of Business W. 16AUR DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0672176 Not Applicable Country \$8.75 Additional ΰ̈́SA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---COLLAZO: MARITZA Street Address 7108 BEDLINGTON ROAD MIAM! LAKES FL 33014 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE DORREGO, MARITZA NAME NAME 7108 BEDLINGTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition DORREGO, LEONARDO NAME 7108 BEDLINGTON ROAD STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 . Delete ☐ Addition TITI F TITLE ___ Change__ BADILLO, INGRID C NAME NAME 2377 SW 103 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DUDCTOF