

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084398

1. Entity Name

COMERCIALIZADORA REGIONAL CENTROAMERICANA, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90963 025 \*\*\*150.00

Principal Place of Business

4940 NW 72 AVE  
MIAMI FL 33166  
US

Mailing Address

8180 NW 36 STREET #100  
MIAMI FL 33166-6650

2. Principal Place of Business

3. Mailing Address

4940 N.W. 72 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami, Florida

4. FEI Number

65-0701620

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

USA

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

AULET, CELIA N  
4940 NW 72 AVE  
MIAMI FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$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 DS ☐ Delete  
NAME PESCOD, RICARDO G  
STREET ADDRESS 8180 NW 36 STREET #100  
CITY-ST-ZIP MIAMI FL 33166

TITLE D ☐ Change ☒ Addition  
NAME DOMA, EDUARDO  
STREET ADDRESS 8180 NW 36 ST - #100  
CITY-ST-ZIP Miami, FL 33166

TITLE DT ☐ Delete  
NAME DANIELS, GILBERT W  
STREET ADDRESS 8180 NW 36 STREET #100  
CITY-ST-ZIP MIAMI FL 33166

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

TITLE DP ☐ Delete  
NAME ATALA, EDUARDO Z  
STREET ADDRESS 8180 NW 36 STREET #100  
CITY-ST-ZIP MIAMI FL 33166

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

TITLE DV ☐ Delete  
NAME MELO, ARTURO  
STREET ADDRESS 8180 NW 36 STREET #100  
CITY-ST-ZIP MIAMI FL 33166

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

TITLE D ☐ Delete  
NAME TERAN, GUILLERMO  
STREET ADDRESS 8180 NW 36 STREET #100  
CITY-ST-ZIP MIAMI FL 33166

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

TITLE M ☐ Delete  
NAME AULET, CELIA N  
STREET ADDRESS 4940 NW 72 AVE  
CITY-ST-ZIP MIAMI FL 33166

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Celia N. Aulet 4/20/00 305-594.7411

Date

Daytime Phone #

CR2E034 (9/99)