

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099446

1. Entity Name
COMPANIA GENERAL DE ESENCIAS (USA), INC.

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91262 005 ***150.00

Principal Place of Business

3900 NW 79 AVE
529
MIAMI FL 33166
US

Mailing Address

~~C/O ERNESTO SANCHEZ P.A.~~
~~814 PONCE DE LEON BOULEVARD, SUITE 505~~
~~MIAMI FL 33134~~
US

2. Principal Place of Business

104 CRANDON BLVD.
Suite, Apt. #, etc.
311-A

3. Mailing Address

PO BOX 490782
Suite, Apt. #, etc.

City & State

KEY BISCAYNE, FL

City & State

KEY BISCAYNE, FL

Zip

33149

Country

DADE

Zip

33149

Country

DADE

4. FEI Number

65-0752108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ERNESTO P.A.
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Cristina Ciuro
Street Address (P.O. Box Number is Not Acceptable)
104 Crandon Blvd. S # 311-A
City Key Biscayne FL Zip Code 33149

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]

CRISTINA CIURO

03/30/02

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, 2002 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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	CIURO, JUAN J	
STREET ADDRESS	260.266 SAN JULIAN AVENUE	
CITY-ST-ZIP	GRANOLLERS, SPAIN 08400	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIURO, MIGUEL	
STREET ADDRESS	260.266 SAN JULIAN AVENUE	
CITY-ST-ZIP	GRANOLLERS, SPAIN 08400	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CIURO, CRISTINA	
STREET ADDRESS	3900 N.W. 70TH AVE. #529	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/02

Date

3053658662

Daytime Phone #

CR2E034 (9/01)