

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056184

1. Entity Name:

MANUFACTURAS CUERITOS, INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90017 033 ***150.00

0235716

Principal Place of Business

12360 S.W. 132 COURT
SUITE 210
MIAMI FL 33186

Mailing Address

12360 S.W. 132 COURT
SUITE 210
MIAMI FL 33186

2. Principal Place of Business

1825 JOHNSON STREET
Suite, Apt. #, etc.
108

3. Mailing Address

1820 JAMES AVENUE
Suite, Apt. #, etc.
C/O VALDO - 2B

City & State

HOLLYWOOD - FL

City & State

MIAMI BEACH - FL

Zip

33020-3590

Country

BROWARD

Zip

33139

Country

DADE

4. FEI Number

65-0768777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARAMILLO, YOLANDA
4995 NW 72 AVE SUITE 201
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

FELIX M. VALDO

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

1820 JAMES AVENUE - 2B

City

MIAMI BEACH -

FL

Zip Code

33139

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOT

Registered Agent's signature required when reinstating)

DATE

4/30/01

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, 2001 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 PD
NAME RODRIGUEZ, BLANCA LILIA
STREET ADDRESS 4225 NW 73 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 the 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

03/26/01

Date

Daytime Phone #

CR2E034 (10/00)