

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90197 002 ***150.00

DOCUMENT # P98000014070

1. Entity Name

TEKILADA, INC.

Principal Place of Business

C/O EBERTO A. VITIER, CPA
2655 LEJEUNE RD PH 2B GABLES INTL PLAZA
CORAL GABLES FL 33134

Mailing Address

C/O EBERTO A. VITIER, CPA
2655 LEJEUNE RD PH 2B GABLES INTL PLAZA
CORAL GABLES FL 33134

2. Principal Place of Business

C/O Janice L. Russell
One S.E. 3rd Avenue

3. Mailing Address

C/O Janice L. Russell
One S.E. 3rd Avenue

Suite, Apt. #, etc.

28th Floor

Suite, Apt. #, etc.

28th Floor

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0822333

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

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

ARAUJO, ARMANDO

785 CRANDON BLVD. APT. 205-305

KEY BISCAVNE FL 33149

Name

American Information Services, Inc.

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

One S.E. 3rd Avenue

28th Floor

City

Miami

FL

Zip Code

33131

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.

By AMERICAN INFORMATION SERVICES, INC.

SIGNATURE

Angelica M. Calabrese

Angelica M. Calabrese
Assistant Secretary

March 26, 2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME ARAUJO, ARMANDO
STREET ADDRESS 785 CRANDON BLVD. APT. 205-305
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE D/P ☐ Change ☒ Addition
NAME ARAUJO, ARMANDO
STREET ADDRESS ONE S.E. 3RD AVENUE, 28TH FLOOR
CITY-ST-ZIP MIAMI, FLORIDA 33131

TITLE S ☒ Delete
NAME ARAUJO, ADALICIA
STREET ADDRESS 785 CRANDON BLVD. APT. 205-305
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE D/S ☐ Change ☒ Addition
NAME ARAUJO, ADALICIA
STREET ADDRESS ONE S.E. 3RD AVENUE, 28TH FLOOR
CITY-ST-ZIP MIAMI, FLORIDA 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Armando Araujo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO ARAUJO

March 26, 2001 (305) 285-1355

Date

Daytime Phone #

CR2E034 (10/00)