

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90488 002 \*\*\*150.00

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **998000072894**  
 1. Corporation Name

**Rosendo Zuluaga, Inc.**  
**2018 S.W. 16th Street**  
**Miami, FL 33141**

Principal Place of Business Mailing Address

Same

Same

**869523**

DO NOT WRITE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. <b>2018 SW 16th St</b>	26. <b>Same</b>	<b>05-0857910</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. <b>Miami, FL 33145</b>	27. <b>Miami, FL 33145</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Zip	28. Zip	Country	
24. <b>33145</b>	29. <b>33145</b>	30. <b>FL</b>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Rosendo Zuluaga</b> <b>2018 SW 16th St</b> <b>Miami, FL 33145</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	85. Zip Code
			<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Rosendo Zuluaga, President* **Rosendo ZULUAGA** DATE: **06/18/02**

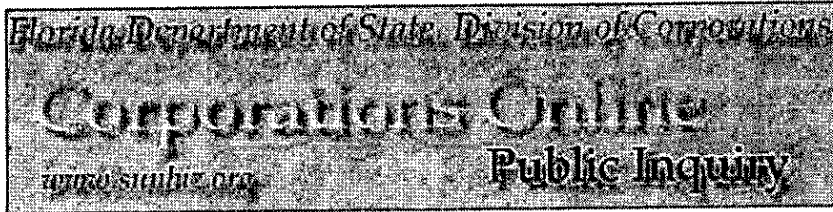
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rosendo Zuluaga</b>	1.2 NAME	
STREET ADDRESS	<b>2018 S.W. 16th St</b>	1.3 STREET ADDRESS	<b>Address</b>
CITY-ST-ZIP	<b>Miami, FL 33144</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

*Rosendo Zuluaga, President* **07-18-02**

CR2004 110/97

*Attachment*



869523

#P98000072894

Florida Profit

ROSENDO ZULUAGA, INC.

PRINCIPAL ADDRESS

4008 N.W. 24TH STREET  
MIAMI FL 33142

MAILING ADDRESS

4008 N.W. 24TH STREET  
MIAMI FL 33142

Document Number  
P98000072894

FEI Number  
650857910

Date Filed  
08/20/1998

State  
FL

Status  
ACTIVE

Effective Date  
NONE

Registered Agent

Name & Address
ZULUAGA, ROSENDO 4008 N.W. 24TH STREET MIAMI FL 33142 <i>New Address</i>

Officer/Director Detail

Name & Address	Title
ZULUAGA, ROSENDO 4008 N.W. 24TH STREET MIAMI FL 33142	P

Annual Reports

Report Year	Filed Date	Intangible Tax
1999	03/16/1999	
2000	04/07/2000	
2001	04/02/2001	

Attachment 869523

# P98000072894

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**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**

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Attachment

869523



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 1, 2002

ROSENDO ZULUAGA, INC.  
2018 SW 16TH STREET  
MIAMI, FL 33145

SUBJECT: ROSENDO ZULUAGA, INC.  
Ref. Number: P98000072894

We have received your document for ROSENDO ZULUAGA, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 202A00027046

Attachment



869523

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 3, 2002

ROSENDO ZULUAGA, INC.  
2018 S.W. 16TH STREET  
MIAMI, FL 33145

SUBJECT: ROSENDO ZULUAGA, INC.  
Ref. Number: P98000072894

We have received your document for ROSENDO ZULUAGA, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Provide the title(s) of each officer/director listed on the report or on an attachment.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 402A00035760