

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC -6 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

999000016862

E1 Oriental U.S.A. Corp.

DO NOT WRITE IN THIS SPACE

200009403022

2/06/02--01069--002 **150.00

2. Principal Place of Business

5761 S.W. 40th Street

3. Mailing Address

18691 S.W. 12th Street

State, Apt. #, etc.

A

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Pembroke Pines FL

4. FEI Number

65-0896143

Applied For

Not Applicable

Zip

33155

Country

U.S.

Zip

33029

Country

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Pines-Conte Elizabeth C. Esq
Street Address (P.O. Box Number is Not Acceptable)

3301 Ponce De Leon Blvd Ste 200

City Coral Gables

FL

Zip Code 33134

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)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P.S.D.
Maria Esther Ramos
18691 S.W. 12 Street
Pembroke Pines FL 33029

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V.P.D.
3301 Ponce De Leon Blvd
Ste 200
Coral Gables FL 33134

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 605/668-0901
Date Daytime Phone #

CR2E034B (12/01)

**El Oriental U.S.A. Corp.
5761 S.W. 40th Street
Ste A
Miami, Florida 33155**

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December 3, 2002

**Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500**

Re: E I N #65-0896143

I am in receipt of your 2002 Uniform Business Report mailed to my office on November 1st, 2002 showing dissolution of the corporation.

According to my records, I filed the Corporate Annual Report for El Oriental U.S.A. Corp. on April 5th, 2002 with check # 1512 in the amount of \$150.00. I remember using a blank report from the internet as the original one never arrived and I was afraid of mailing my report after the deadline of May 1st.

I am enclosing another check in the amount of \$ 150.00 payable to the Department of State along with a copy of the original report filed on April 5th as proof that my report was filed on time.

Cordially yours,



**Maria E. Ramos,
President**