

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064170

1. Entity Name

CALI MIO INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90001 035 ***150.00

Principal Place of Business

Mailing Address

161 GRANADA AVE
WESTON FL 33326

161 GRANADA AVE
WESTON FL 33326-2596

2. Principal Place of Business

3. Mailing Address

6289 West Sunrise Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

261

City & State

City & State

SUNRISE FL

Zip

Country

Zip

Country

33313

BROWARD

4. FEI Number

65-0934753

Applied For

Not Applicable

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

PENA, J D

1101 BRICKELL AVE STE 1100
MIAMI FL 33131

Name

MARTIN M. GARCIA

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

6289 West Sunrise Blvd Ste 261

City

SUNRISE

FL

Zip Code

33313

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)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME D
STREET ADDRESS GARCIA, MARTIN M
CITY-ST-ZIP 161 GRANADA AVE
WESTON FL 33326

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6289 West Sunrise Blvd Ste 261
CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ Delete
NAME D
STREET ADDRESS GARCIA, JOSE D
CITY-ST-ZIP 161 GRANADA AVE
WESTON FL 33326

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6289 West Sunrise Blvd Ste 261
CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-00

Date

454 581 8090

Daytime Phone #

CR2E034 (9/99)