

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064397

1. Corporation Name

Comercial Mallorca, Inc.

FILED

01 MAY 21 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2001 AMENDED UBR**

2. Principal Place of Business

2a. Mailing Address

21 Miami Merchandise Mart

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 755 NW 72nd Avenue, No. 13

27

City & State

City & State

23 Miami FL

28

Zip

County

Zip

County

24 33126

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

7/15/1999

2/21/2001

4. FEI Number

65-0934951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Margarita Perez  
777 N.W. 72nd Avenue  
Showroom 3K2  
Miami, FL 33126

81 Name

Carlos M Hoyos

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

777 NW 72 Avenue # 38850

83

84 City Miami

FL

85

Zip Code

33126

11. Pursuant to the provisions of Sections 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/15/01

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Carlos M Hoyos  
4100 Stanghorn L.N.  
Weston, FL 33331-3804 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Maria Failich  
4100 Stanghorn L.N.  
Weston, FL 33331-3804 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Sylvana Noqueira  
755 NW 72nd Avenue, No. 13  
Miami, FL 33126 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition  
400004273354--S

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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, or on attachment with an address.

SIGNATURE

Sylvana Noqueira

05/02/01

305 2600502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 MAY 21 PM 3:34

FLORIDA FILING & SEARCH SERVICES, INC.  
P.O. BOX 10662 TALLAHASSEE, FL 32302  
PHONE: (850) 668-4318 FAX: (850) 668-3398

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DATE: 5-21-01

NAME: COMERICAL MALLORCA, INC.

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RETURN:

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01 MAY 21 AM 11:34  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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AUTHORIZATION: ABBIE/PAUL HODGE

