

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

DOCUMENT # **P99000064397**

1. Entity Name

COMERCIAL MALLORCA, INC.

02-27-2002 90019 001 ***150.00

02-27-2002 90019 002 *****8.75

Principal Place of Business

MIAMI MERCHANDISE MART
755 NW 72ND AVE., SHOWROOM NO. 13
MIAMI FL 33126

Mailing Address

MIAMI MERCHANDISE MART
755 NW 72ND AVE., SHOWROOM NO. 13
MIAMI FL 33126

- 15954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Miami Merchandise Mart		2. Mailing Address Miami Merchandise Mart	
Suite, Apt. #, etc. 755 NW 72 ND AVE. SH #13		Suite, Apt. #, etc. 755 NW 72 ND AVE #13	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33126	Country USA	Zip 33126	Country USA

4. FEI Number 65-0934951	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOYOS, CARLOS MARIO 777 N.W. 72ND AVENUE #38850 MIAMI FL 33126		HOYOS, CARLOS MARIO 777 NW 72 ND AVENUE # 38857 Miami FL Zip Code 33126	

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P HOYOS, CARLOS M 4100 STANGHORN L.N. WESTON FL 33331-3804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAUCH, MARIA 4100 STANGHORN L.N. WESTON FL 33331-3804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOQUEIRA, SYLVANA 755 N.W. 72ND AVENUE, #13 MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Carlos Mario Hoyos** 01/09/02 305 2600502
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (9/01)