2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000065040**

1. Entity Name
EL COMAL.COM, INC.

Principal Place of Business	Mailing Address
6065 SW 116 STREET	6065 SW 116 STREET
MIAMI FL	MIAMI FL
33156	33156

2. Principal Place of Business	3. Mailing Address
1001 BRICKELL BAY DRIVE	1001 BRICKELL BAY DRIVE
Suite, Apt. #, etc.: 2608	Suite, Apt. #, etc.: 2608
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33131 Country:	Zip: 33131 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0934758 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARDER MARK A
9400 S DADELAND BLVD

MIAMI FL
33156 US

7. Name and Address of New Registered Agent

Name
CARMELINO SILVANA I

Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE

2608

City: MIAMI **FL** Zip Code: 33131

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: SILVANA I. CARMELINO 01/12/2001
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, 2001 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	D DELGADILLO CANELA D NO 5 COL VISTA BELLA TIALNEPANTLA EDO DE MEXICO CP 54050 FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANELA MARIA E 6065 SW 116 STREET MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLORZANO EDUARDO J 6065 SW 116 STREET MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Eduardo Solórzano D 01/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #