

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90046 016 ***150.00

DOCUMENT # P99000074404

1. Entity Name

CAUDALES MARKET CORP.

Principal Place of Business

Mailing Address

1500 PALM AVENUE
HIALEAH FL 33010

1500 PALM AVENUE
HIALEAH FL 33010-3032

2. Principal Place of Business

3. Mailing Address

1150 N.W. 72nd Ave. #307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

City & State

City & State
Miami, FL 33126

Zip

Country

Zip

Country

4. FEI Number

65-0942690

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

GONZALEZ, FLADIO H
75 W. 3 ST. #2
HIALEAH FL 33010

Name
Miguel Martin

Street Address (P.O. Box Number is Not Acceptable)
308 E. 14th Street

City
Hialeah,

FL

Zip Code
33010

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

1/17/00

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 PD
NAME GONZALEZ, ELADIO
STREET ADDRESS 75 W. 3 ST. #2UE
CITY-ST-ZIP HIALEAH FL 33010 ☒ Delete

TITLE PD
NAME Miguel Martin
STREET ADDRESS 308 E. 14th St.
CITY-ST-ZIP Hialeah, FL 33010 ☐ Change ☒ Addition

TITLE STD
NAME CAUDALES, LUIS
STREET ADDRESS 500 W. 66 ST. E
CITY-ST-ZIP HIALEAH FL 33010 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*

SIGNATURE REQUIRED Miguel Martin

1/17/00

Date

305-884-0444

Daytime Phone #

CR2E034 (9/99)