

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90164 001 *****8.75
 05-07-2002 90164 002 ***150.00

DOCUMENT # P99000076054

1. Entity Name
INTERAMERICAN P & G, CORP.

Principal Place of Business
16243 SW 99TH TERRACE
MIAMI FL 33196

Mailing Address
16243 SW 99TH TERRACE
MIAMI FL 33196

2. Principal Place of Business
13200 SW 128 ST

3. Mailing Address
13200 SW 128 ST

Suite, Apt. #, etc.
C-3

Suite, Apt. #, etc.
C-3

City & State
MIAMI / FLORIDA

City & State
MIAMI / FLORIDA

Zip
33186

Country
USA

Zip
33186

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1003227**

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

~~MAZZA-MARTINEZ, TANIA-A-MS.~~
782 NW 42 AVENUE
SUITE 637
MIAMI FL 33126

Name

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

City

FL

Zip Code

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

4/12/02

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: **PSD** ☐ Delete
 NAME: **PARRA, MYRNA**
 STREET ADDRESS: **16243 SW 99TH TERRACE**
 CITY-ST-ZIP: **MIAMI FL 33196**

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

TITLE: **D** ☐ Delete
 NAME: **ESCALANTE, CARLOS A**
 STREET ADDRESS: **16243 SW 99TH TERRACE**
 CITY-ST-ZIP: **MIAMI FL 33196**

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

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 STREET ADDRESS: ☐ Change ☐ Addition
 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: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/02

Date

(305) 251-7444

Daytime Phone #

CR2E034 (9/01)