

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076970

1. Entity Name

QUESOS NICAS EL BOXEADOR, INC.

FILED

Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90183 050 \*\*\*150.00

Principal Place of Business

1401 SW 32ND AVE  
MIAMI FL 33145

Mailing Address

1401 SW 32ND AVE  
MIAMI FL 33145

2. Principal Place of Business

P.O. Box 350371

3. Mailing Address

P.O. Box 350371

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0946086

Applied For

Not Applicable

Zip

33135

Country

Zip

33135

Country

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

SANTANA DE VADO, DINA AURORA  
1401 SW 32ND AVENUE  
MIAMI FL 33145

Name

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

9586 SW 6th Lane

City

MIAMI

FL

Zip Code

33174

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, 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 ☐ Delete  
NAME PD  
STREET ADDRESS SANTANA DE VADO, DINA AURORA  
CITY-ST-ZIP 1401 SW 32ND AVENUE  
MIAMI FL 33145

☒ Change ☐ Addition  
TITLE  
NAME P.O. Box 350371  
STREET ADDRESS MIAMI FL 33135  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS VADO, JORGE L  
CITY-ST-ZIP 1401 SW 32N AVENUE  
MIAMI FL 33145

☒ Change ☐ Addition  
TITLE  
NAME P.O. Box 350371  
STREET ADDRESS MIAMI FL 33135  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition  
TITLE MT  
NAME Santana, Oscar O.  
STREET ADDRESS P.O. Box 350371  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Dina Santana V.* PRESIDENTE

01/24/001 (305) 2050713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)