2001 UNIFORM BUSINESS REPORT (UBR)

City & State

NAME

STREET ADDRESS

CITY-ST-ZIP

Make Check Payable to Department

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zip

DOCUMENT # P99000107044 1. Entity Name DULCES MARIA, INC. Principal Place of Business Mailing Address 8540 N.W. 8TH STREET 8540 N.W. 8TH STREET PEMBROPKE PINES FL 33024 PEMBROPKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. City & State

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

Country

GUERRA, JUAN M

8540 N.W. 8TH STREET PEMBROPKE PINES FL 33024

8. The above named entity submits this statement for the p

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

GUERRA, JUAN M

8540 N.W. 8TH STREET

GUERRA, MARITZA L

8540 N.W. 8TH STREET

PEMBROPKE PINES FL 33024

PEMBROPKE PINES FL 33024

FILED Apr 26, 2001 8:00 am Secretary of State

				04-26-2001 \$	90105 03:	3 ****130.	00
Address I. 8TH STREET PKE PINES FL 33024	•						
ng Address			- I + Palabras Brown				
Apt. #, etc.				DO NOT WRITI	E IN THIS SF	PACE	
State Country		4. F	El Number	65-0966638		_ 	olied For Applicable
		5 . C	ertificate of	Status Desired		8.75 Addi	tional
Agent		7 N	ame and A	dress of New Re			'
rigoni	Name	7. 19	anc and A	diess of New Ne	gistereu A	Jeni	
	7101110						
	Street Addr	ess (P.O. Bo	ox Number i	s Not Acceptable)		
						1	
~ 1	City					Zip Code	;
FILE NOW!	Regissered Agent's gnature re ! FEE IS \$150.00 th Fee will be \$550		10. Electi	ion Campaign Fin. Fund Contribution	~ —		0 May Be
ike Check Payable to Department of Sta			irusi	ruisa Contilibution	ł. L	Added	to Fees
RS	12.	AD	DITIONS/CI	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP					Change	Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
☐ Deleta	TITLE NAME STREET ADDRESS GITY-ST-ZIP					Change	Addition
□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Acdition
☐ Delete	IIILE NAME					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:

Zip

SIGNATURE

11.

TITLE

NAME

TETLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

(See criteria on back)

PTD