

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90251 010 ***150.00

DOCUMENT # P99000109639

1. Entity Name
COWFORAL CORPORATION



Principal Place of Business
901 PONCE DE LEON BLVD., SUITE 601
SUITE 603
CORAL GABLES FL 33134

Mailing Address
901 PONCE DE LEON BLVD., SUITE 601
SUITE 603
CORAL GABLES FL 33134

2. Principal Place of Business
455 Woodcrest Road.

3. Mailing Address
455 Woodcrest Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key Biscayne FL.

City & State
Key Biscayne FL.

Zip
33149

Country

Zip
33149

Country

4. FEI Number 65-0971839

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

MENDOZA, ELSA YOLANDA.
Street Address (P.O. Box Number is Not Acceptable)
455 Woodcrest Road
Key Biscayne FL 33149.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-18-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ACOSTA DE MENDOZA, INES	
STREET ADDRESS	901 PONCE DE LEON BLVD, STE 603	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MENDOZA, ELSA YOLANDA	
STREET ADDRESS	544 HAMPTON LN	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDOZA, ELSA YOLANDA	
STREET ADDRESS	455 Woodcrest Road	
CITY-ST-ZIP	Key Biscayne - FL - 33149	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UMAÑA, Jose Rodrigo	
STREET ADDRESS	455 Woodcrest Road	
CITY-ST-ZIP	Key Biscayne - FL - 33149	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UMAÑA, Rodrigo	
STREET ADDRESS	455 Woodcrest Road	
CITY-ST-ZIP	Key Biscayne - FL - 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-03 305.3652441
Date Daytime Phone #

CR2E034 (10/02)