

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S33719

1. Entity Name

CELIMAR INTERNATIONAL, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90037 045 ***150.00

Principal Place of Business

Mailing Address

~~13611 S.W. 98TH ST.~~
MIAMI FL 33186

8298 NW 64 ST.
331

~~13611 S.W. 98TH ST.~~
MIAMI FL 33187-5499

15341 SW 152 TERR
Miami, FL. 33187

2. Principal Place of Business

3. Mailing Address

8298 NW 64 ST.

15341 SW 152 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL.

City & State
Miami, FL.

Zip
331

Country
USA

Zip
33187

Country
USA

4. FEI Number 65-0473768

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

CHANG, JOSE A
13611 S.W. 98TH STREET
MIAMI FL 33186

Name: (Same)
Street Address (P.O. Box Number is Not Acceptable)
15341 SW 152 TERR.
City Miami FL Zip Code 33187

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, 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 CHANG, JOSE A
STREET ADDRESS 13611 S.W. 98 STREET
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE SAME
NAME SAME
STREET ADDRESS 15341 SW 152 TERR.
CITY-ST-ZIP MIAMI, FL. 33187 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/00 305-256-9772
Date Daytime Phone #

CR2E034 (9/99)