

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S45416

1. Entity Name

LOS ARRIEROS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90149 011 ***150.00

Principal Place of Business

6521 SW 8 ST.
MIAMI FL 33144

Mailing Address

6521 SW 8 ST.
MIAMI FL 33144-4815

2. Principal Place of Business

10995 SW 40th Street

3. Mailing Address

10995 SW 40th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0276683

Applied For

Not Applicable

Zip

33165

Country

Zip

33165

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

TEJADA, MARIASOL
355 NW 72 AVE., APT #309
MIAMI FL 33126

Name

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

10995 SW 40th Street

City

Miami, Florida

FL

Zip Code

33165

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 PSTD ☐ Delete
NAME TEJADA, MARIASOL
STREET ADDRESS 355 NW 72 AVE., APT #309
CITY-ST-ZIP MIAMI FL 33126

TITLE PSTD ☒ Change ☐ Addition
NAME Tejada, Mariasol
STREET ADDRESS 10995 SW 40th Street
CITY-ST-ZIP Miami, Florida 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Maria Sol Tejada*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Sol Tejada 4/28/00 (305)221-6311

Date

Daytime Phone #

CR2E034 (9/99)