

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90226 050 ***150.00

0369814 AV

DOCUMENT # **F02000001752**

1. Entity Name
**MAQUINARIA Y EQUIPO GUZMAN LEYVA Y CIA MAQUIPO S
C A, CORP**



Principal Place of Business
**TRANSVERSAL 4A #86-A-47. CASA 102
BOGOTA COLUMBIA. SO. AMERICA**

Mailing Address
**1102 CAMELLIA CIRCLE
WESTON FL 33326**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-1007298

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

**POSSE, HERNANDO
1102 CAMELLIA CIRCLE
WESTON FL 33326**

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|--------------------------|-----------------------------------|------------------------------|--------------------------|
| P | GUZMAN, DANIEL ALFONSO | CARRERA 1 #110-12 APT. 201 | BOGOTA COLUMBIA, SO. AMERICA | <input type="checkbox"/> |
| VP | LEYVA DE GUZMAN, SARA | CARRERA 1 #110-12 APT. 201 | BOGOTA COLUMBIA, SO. AMERICA | <input type="checkbox"/> |
| ST | GUZMAN LEYVA, MARIA JOSE | TRANSVERSAL 4A #86-A-47, CASA 102 | BOGOTA COLUMBIA, SO. AMERICA | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|----------------|-------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: Hernando Posse **HERNANDO POSSE** 1/8/03 9543890560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)