

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90113 036 \*\*\*150.00

**DOCUMENT # F93000004444**

1. Entity Name  
**REPATIER INTERNATIONAL LTD., INC.**



Principal Place of Business  
1591 BIRD ROAD  
CORAL GABLES FL 33146

Mailing Address  
1591 BIRD ROAD  
CORAL GABLES FL 33146



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **98-0035663**

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

7. Name and Address of New Registered Agent

**CRESPO, ALEJANDRO A**  
**9260 SW 72ND ST**  
**STE 117**  
**MIAMI FL 33173**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOUR, RAMON RENE	NAME	
STREET ADDRESS	AVENIDA MASFERRER #612	STREET ADDRESS	
CITY-ST-ZIP	SANS SALVADOR, EL SALVADOR	CITY-ST-ZIP	
TITLE	VCVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOUR, DELMY NOTHAS	NAME	
STREET ADDRESS	AVENIDA MASFERRER #612	STREET ADDRESS	
CITY-ST-ZIP	SANS SALVADOR, EL SALVADOR	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOUR, RENE SALOMON	NAME	
STREET ADDRESS	AVENIDA MASFERRER #612	STREET ADDRESS	
CITY-ST-ZIP	SANS SALVADOR, EL SALVADOR	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOUR, JOSE C	NAME	
STREET ADDRESS	AVENIDA MASFERRER, #612	STREET ADDRESS	
CITY-ST-ZIP	SAN SALVADOR EL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOUR, ERNESTO E	NAME	
STREET ADDRESS	AVENIDA MASFERRER, #612	STREET ADDRESS	
CITY-ST-ZIP	SAN SALVADOR EL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOUR, DELMY P	NAME	
STREET ADDRESS	AVENIDA MASFERRER, #612	STREET ADDRESS	
CITY-ST-ZIP	SAN SALVADOR EL	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

3/17/03  
Date

305-662-2152  
Daytime Phone #

CR2E034 (10/02)