## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: (Illumination)

SIGNATURE AND TYPED OR PRINTED NAME OF

## **FILED** DOCUMENT # **F9400003942** Apr 04, 2000 8:00 am Secretary of State SOUTH FLORIDA STATE CORPORATION 04-04-2000 90039 016 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 810904 P.O. BOX 810904 **BOCA RATON FL 33481-0904 BOCA RATON FL 33481** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For City & State 4. FEI Number City & State 98-0057741 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - SCHNEIDER, MARCELA Street Address (P.O. Box Number is Not Acceptable) 5746 N.W. 39TH AVE. **BOCA RATON FL 33496** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition ☐ Change ☐ Delete TITLE TITLE CHENG, JOHN C NAME STREET ADDRESS 111 FIRST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EL CARMEN PANAMA Addition Change TITLE ☐ Delete TITLE NOBLESILLA, AUGUSTO S NAME NAME STREET ADDRESS STREET ADDRESS 111 FIRST STREET CITY-ST-ZIP CITY-ST-ZIP EL CARMEN PA ■ Addition Change ☐ Delete TITLE TITLE NAME DE GUERARA, IDA E NAME STREET ADDRESS STREET ADDRESS 111 FIRST STREET CITY-ST-ZIP CITY-ST-ZIP **EL CARMEN PANAMA** ☐ Addition ☐ Change ☐ Delete TITLE TITLE SCHNEIDER, MARCELLA NAME NAME STREET ADDRESS STREET ADORESS 5746 N.W. 39TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition ☐ Delete TITLE TITLE CHENG, JESSICA C NAME STREET ADDRESS 111 FIRST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP EL CARMEN PA Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.