

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008215

1. Entity Name

INTER-UNITED SELECCION DEL ECUADOR EN LA FLORIDA

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90369 001 ****61.25

Principal Place of Business

Mailing Address

3211 N. 74TH AVENUE
 HOLLYWOOD FL 33024

3211 N. 74TH AVENUE
 HOLLYWOOD FL 33024

769400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

65-1061658

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

ORBE, CRISTOBAL
 6261 EAST 6TH AVE.
 HIALEAH FL 33013

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.

SIGNATURE Cristobal Orbe
 Signature, typed or printed name of registered agent and title if applicable.

Bristol Orbe
 (NOTE: Registered Agent signature required when reinstating)

4/30/01
 DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAVA, ALEX 19280 NW 56TH PL MIAMI FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ORBE, CRISTOBAL 6261 EAST 6TH AVE. HIALEAH FL 33013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUGEL, SEGUNDO ABEL 6860 MCMCELLAN ST. HOLLYWOOD FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 617, 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: Bristol Orbe VPD 4/30/01 (305) 769-9022

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CR2E037 (10/00)