

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P000000 39851 ✓  
 1. Entity Name  
 ADQUIRA INC.

FILED  
 SECRETARY OF STATE  
 CORPORATIONS  
 01 MAY 24 AM 9:22

Principal Place of Business Mailing Address  
 1224 BRICKELL AV. 1224 BRICKELL AV. SUITE 1200  
 MIAMI, FL. 33131 MIAMI, FL. 33131  
 C/O PATRICIA MENENDEZ CAMBO

2. Principal Place of Business 3. Mailing Address  
 1221 Brickell Avenue 1221 Brickell Avenue c/o Patricia Menendez  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite 1200 Suite 1200

City & State City & State  
 Miami, FLA Miami, FLA

Zip Country Zip Country  
 33131 USA 33131 USA

4. FEI Number Applied For  
 65-1006968 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 CORPORATION SERVICE COMPANY  
 1201 HAYS ST.  
 TALLAHASSEE, FL. 32301

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P RAFAEL HERNANDEZ 1221 BRICKELL AV. MIAMI, FL., 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S PATRICIA MENENDEZ CAMBO 1221 BRICKELL AVENUE MIAMI, FL. 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GUSTAVO MENENDEZ 1221 BRICKELL AV. MIAMI, FL., 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S SILVIA M. GARRIGO 1221 BRICKELL AVENUE MIAMI, FL., 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \$ 150.00

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:** PATRICIA MENENDEZ CAMBO P. M. Cambo 4/30/01 305-9255417  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)