

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056550

1. Entity Name  
REFE USA CORPORATION

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90318 027 \*\*\*150.00

Principal Place of Business  
13757 S.W. 90TH AVE., APT. S-101  
MIAMI FL 33176

Mailing Address  
13757 S.W. 90TH AVE., APT. S-101  
MIAMI FL 33176

2. Principal Place of Business

1059 W. HALLANDALE BEACH BLVD.

3. Mailing Address

1059 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

4. FEI Number

65-1016568

Applied For

Not Applicable

Zip

33009

Country

U.S.

Zip

33009

Country

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

ARROM, ORLANDO  
10556 N.W. 26TH ST., SUITE 203  
MIAMI FL 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D RESINO, RICARDO R 13757 S.W. 90TH AVE., APT. S-101 MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCA, SANDRA E 13757 S.W. 90TH AVE., APT. S-101 MIAMI FL 33176	<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
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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

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 or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2001

Date

786-395-6286

Daytime Phone #

CR2E034 (10/00)