

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04013

1. Entity Name

ALMYRA COMPANY N.V., INC.

FILED

00 FEB 28 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O MIGUEL GUZMAN, CPA  
11211 PROSPERITY FARMS RD. #102  
PALM BCH GARDENS FL 33410  
US

2 S BISCAYNE BLVD  
3400  
MIAMI FL 33131-1802  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2471378

Applied For

Not Applicable

Zip

Country

Zip

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

VALDES-FAULI CORPORATE SERVICES INC.  
2 S. BISCAYNE BLVD.  
STE.3400  
MIAMI FL 33131

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, 2000 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 V ☐ Delete  
NAME DE ARMAS, OSVALDO  
STREET ADDRESS % M. GUZMAN, 11211 PROSPERITY FARMS RD,102  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003163267--5  
CITY-ST-ZIP -03/09/00--01030--017  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE DP ☐ Delete  
NAME MIRANDA, MARIO JOAQUIN  
STREET ADDRESS AZUCARERA EL PALMAR, APARTADO 1518-1000  
CITY-ST-ZIP SAN JOSE CO

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS ☐ Delete  
NAME MIRANDA, CARLOS E.  
STREET ADDRESS AZUCARERA EL PALMAR, APTDO. 1518-1000  
CITY-ST-ZIP SAN JOSE CO

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVT ☐ Delete  
NAME MIRANDA, JORGE RODOLFO  
STREET ADDRESS AZUCARERA EL PALMAR, APTDO. 1518-1000  
CITY-ST-ZIP SAN JOSE CO

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS ☐ Delete  
NAME VALDES-FAULI, RAUL E.  
STREET ADDRESS 2 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Raul E. Valdes-Fauli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

305 376-6097

Date

Daytime Phone #

CR2E034 (9/99)

KE