

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G39117

1. Entity Name

INTEROCEANICA AGENCY, INC.

Principal Place of Business

550 BILTMORE WAY
SUITE 730
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY
SUITE 730
CORAL GABLES FL 33134-5779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2298580

Applied For

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 P
NAME PINEDA, JORGE HERNAN
STREET ADDRESS 251 CRANDON BLVD., 704
CITY-ST-ZIP KEY BISCAVNE FL ☐ Delete

TITLE MT
NAME ORO, CARLOS
STREET ADDRESS 550 BILTMORE WAY, SUITE 730
CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE AS
NAME ESCOBAR, ELKIN
STREET ADDRESS 10520 SW 146 CRT
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE AS/T
NAME ESCOBAR, ELKIN J.
STREET ADDRESS 550 BILTMORE WAY, SUITE-730
CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90269 035 ***558.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)