

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L07396

1. Entity Name
FINOTEX U.S.A. CORP.

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90038 001 ***150.00

Principal Place of Business

6942 N.W. 50TH ST.
MIAMI FL 33166

Mailing Address

C/O MICHAEL ORTIZ, P.A.
328 MINORCA AVE. 2 FL
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

2600 Douglas Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH 6

City & State

City & State

Coral Gables, FL

4. FEI Number 65-0135546

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

USA

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

ORTIZ, MICHAEL
328 MINORCA AVENUE
2ND FLOOR
CORAL GABLES FL 33134

Name
ORTIZ, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

2600 DOUGLAS ROAD

PH 6

City

CORAL GABLES,

FL

Zip Code
33134

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 DP ☐ Delete
NAME SLEBI, CARLOS YIDI
STREET ADDRESS 6942 N.W. 50TH ST.
CITY-ST-ZIP MIAMI FL

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

TITLE DVP ☐ Delete
NAME QUINTERO, ANDRES YIDI
STREET ADDRESS 6942 N.W. 50TH ST.
CITY-ST-ZIP MIAMI FL

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

TITLE DVP ☐ Delete
NAME QUINTERO, CARLOS YIDI
STREET ADDRESS 6942 N.W. 50TH ST.
CITY-ST-ZIP MIAMI FL

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

TITLE DST ☐ Delete
NAME QUINTERO, WILLIAM YIDI
STREET ADDRESS 6942 N.W. 50TH ST.
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

CR2E034 (10/00)