

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90024 041 ***150.00

769810

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000014038 1. Entity Name Doble A U.S.A Corporation ✓			
Principal Place of Business 270 NW 71 AV #11 Miami Fl. 33126		Mailing Address 270 NW 71 AV #11 Miami Fl. 33126	
2. Principal Place of Business 2661 NW 33 ST Suite, Apt. #, etc.		3. Mailing Address 2661 NW 33 ST Suite, Apt. #, etc.	
City & State Miami FL Zip 33142 Country		City & State Miami FL Zip 33142 Country	
4. FEI Number 65-0979370 Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERINDO GONZALEZ 2661 NW 33 ST Miami FL 33142		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 _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS	
TITLE PD NAME AGUIRRE Alberto Garcia STREET ADDRESS 270 N.W. 71 AV. #11 CITY-ST-ZIP Miami FL 33126	<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE UPD NAME PUENTE, Maria NOHEMI STREET ADDRESS 270 N.W. 71 AV #11 CITY-ST-ZIP Miami FL 33126	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE GD NAME GONZALEZ GUERINDO STREET ADDRESS 2661 N.W. 33 ST CITY-ST-ZIP Miami FL 33142	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. I hereby certify that the information submitted 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 address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/23/01 (305) 485-9300 Date Daytime Phone #	

CR2E034 (11/00)