

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90144 031 ***150.00

DOCUMENT # P95000006606

1. Entity Name

ARUBA/PEMBROKE INVESTMENTS, N.V., INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 S. Biscayne Blvd.

3. Mailing Address
200 S. Biscayne Blvd.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Suite # 4100

Suite, Apt. #, etc.
Suite # 4100

City & State
Miami - Florida

City & State
Miami - Florida

4. FEI Number

Applied For
Not Applicable

Zip
33131

Country
DADE

Zip
33131

Country
DADE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
CORPORATE INTERNATIONAL REGISTERED AGENTS INC.
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.

Suite # **4100**

City
Miami

FL

Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when relinquishing)

3/08/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$67.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
Valdes-Fauli, Raul E.
200 S. Biscayne Blvd., Ste.#4100
Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTAS
Valdes-Fauli, Raul J.
200 S. Biscayne Blvd., Ste.#4100
Miami, FL 33131**

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/03

Date

Daytime Phone #

CR2E034B (12/02)