

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90055 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000026521

1. Entity Name
ALGOSEDA OCHO INC.

Principal Place of Business
**286 SEAVIEW DRIVE
SUITE C-3
KEY BISCAYNE, FL 33149**

Mailing Address
**286 SEAVIEW DRIVE
SUITE C-3
KEY BISCAYNE, FL 33149**

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

65-1082954

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

**PEREZ, LAZARO J.
3211 PONCE DE LEON BLVD.
SUITE 305
MIAMI, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON BLVD.

SUITE 1045

City
CORAL GABLES

FL

Zip Code
33134

8. The above named entity certifies 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 of Registered Agent or authorized officer or director

Signature of Registered Agent or authorized officer or director

DATE

4/25/2003

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	GONZALEZ-UBEDA, MIGUEL MARIA A	1111 CRANDON BLVD. #C-1005	KEY BISCAYNE, FL 33149	

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address or other like empowered.

SIGNATURE:

Miguel Gonzalez-Ubeda

Miguel Gonzalez-Ubeda **4/25/2003**

(305) 444-8220

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DATE

PHONE NUMBER