

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90059 049 ***158.75

DOCUMENT # 454803

1. Entity Name

SIBONEY INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

**1000 SOUTHERN BLVD
 PO BOX 6665
 WEST PALM BEACH FL 33405**

**P O BOX 6665
 W PALM BEACH FL 33405
 US**

735401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1561590**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCCRACKEN, JOHN
 % JONES, FOSTER, JOHNSTON & STUBBS
 505 S. FLAGLER DR., SUITE 1100
 WEST PALM BEACH FL 33402-3475**

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, 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 **AS** ☐ Delete
 NAME **ADELA CONTRERAS**
 STREET ADDRESS **109 FOREST HILL BLVD.**
 CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **PS** ☒ Change ☐ Addition
 NAME **ADELA CONTRERAS**
 STREET ADDRESS **109 FOREST HILL BLVD**
 CITY-ST-ZIP **W. PALM BEACH, FL 33405**

TITLE **VS** ☒ Delete
 NAME **TONARELY, TATIANA**
 STREET ADDRESS **202 MARYLAND DRIVE**
 CITY-ST-ZIP **LAKE WORTH, FL 00000**

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

TITLE **DP** ☐ Delete
 NAME **TOMEU, ENRIQUE J**
 STREET ADDRESS **1000 SOUTHERN BLVD**
 CITY-ST-ZIP **WEST PALM BCH FL 33405**

TITLE **D** ☒ Change ☐ Addition
 NAME **TOMEU, ENRIQUE J**
 STREET ADDRESS **1000 SOUTHERN BLVD SUITE 302**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

Adela M Contreras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01

Date

561-832-3110

Daytime Phone #

CR2E034 (10/00)