

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90920 047 ***150.00

DOCUMENT # 553548

1. Entity Name

MEMBIELA & ASSOCIATES INC.

Principal Place of Business

782 N.W. 42 AVE
 STE 430
 MIAMI FL 33126
 US

Mailing Address

782 N.W. 42 AVE
 STE 430
 MIAMI FL 33126
 US

2. Principal Place of Business

782 NW 42 AVE

3. Mailing Address

782 NW 42AVE

Suite, Apt. #, etc.
 SUITE 433

Suite, Apt. #, etc.
 SUITE 433

City & State
 MIAMI, FLORIDA

City & State
 MIAMI, FLORIDA

Zip 33126

Country US

Zip 33126

Country US

4. FEI Number 59-1767830

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MEMBIELA, JOAQUIN
 782 N.W. 42 AVE
 STE 430
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name OSVALDO MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)
 782 NW 42ND AVENUE

SUITE 433

City MIAMI

FL

Zip Code 33126

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

TITLE PTD
 NAME MEMBIELA, JOAQUIN R
 STREET ADDRESS 782 N.W. 42ND AVE., #430
 CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S
 NAME MEMBIELA, MARTA M.
 STREET ADDRESS 782 N.W. 42ND AVE., #430
 CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
 NAME MEMBIELA, JOAQUIN R
 STREET ADDRESS 782 NW 42ND AVE, STE 433
 CITY-ST-ZIP MIAMI, FL 33126 ☒ Change ☐ Addition

TITLE VP/D
 NAME MEMBIELA, MARTA M
 STREET ADDRESS 782 NW 42ND AVE, STE 433
 CITY-ST-ZIP MIAMI, FL 33126 ☒ Change ☐ Addition

TITLE S/D
 NAME CARDOSO, ORESTES
 STREET ADDRESS 782 NW 42ND AVE, STE 433
 CITY-ST-ZIP MIAMI, FL 33126 ☐ Change ☒ Addition

TITLE T/D
 NAME MARTINEZ, OSVALDO
 STREET ADDRESS 782 NW 42ND AVE, STE 433
 CITY-ST-ZIP MIAMI, FL 33126 ☐ Change ☒ Addition

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

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

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:

MARTA M. MEMBIELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 446-4006

CR2E034 (10/00)

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