

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90005 024 \*\*\*550.00

**DOCUMENT # 584869**

1. Entity Name  
**HORACIO O. FERREA NORTH AMERICA DIVISION INC.** ✓

Principal Place of Business  
**2600 N.W. 55TH COURT, SUITE 238  
 FT LAUDERDALE FL 33309**

Mailing Address  
**2600 N.W. 55TH COURT, SUITE 238  
 FT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1868150**

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

**URRUTIA, DANIEL  
 20268 HACIENDA CT  
 BOCA RATON FL 33498**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FERREA, HORACIO O</b>
STREET ADDRESS	<b>5320 N E 17TH TERRACE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DEFERREA, MIRTA E U</b>
STREET ADDRESS	<b>5320 N E 17TH TERRACE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>URRUTIA, DANIEL</b>
STREET ADDRESS	<b>20268 HACIENDA CT</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: (Signature) (DANIEL URRUTIA) 9-10-01 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)