

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 585874

1. Entity Name

HUMCLA, INC.

Principal Place of Business

1051 NW 106 AVE
PLANTATION FL 33322
US

Mailing Address

P.O. BOX 15286
PLANTATION FL 33318-5286
US

2. Principal Place of Business

1400 NW 108 AVE.

Suite, Apt. #, etc.

APT # 262

3. Mailing Address

P.O. BOX 15286

Suite, Apt. #, etc.

City & State

PLANTATION

City & State

PLANTATION, FLORIDA

Zip

33322

Country

USA

Zip

33318

Country

USA

6. Name and Address of Current Registered Agent

VASQUEZ, FRANCISCO H.
1051 NW 106TH AVE
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

VASQUEZ, FRANCISCO H.

Street Address (P.O. Box Number is Not Acceptable)

1400 N.W. 108 AVE. APT 262

City PLANTATION

FL

Zip Code 33322

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

03/27/00

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, 2000 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 | ST | <input type="checkbox"/> Delete |
| NAME | APARICIO, MARA | |
| STREET ADDRESS | AVE 6 A NORTE 27-28 | |
| CITY-ST-ZIP | CALI, COLOMBIA, SA 00000 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | APARICIO, GONZALO | |
| STREET ADDRESS | AVE 6 A NORTE 27-28 | |
| CITY-ST-ZIP | CALI, COLOMBIA, SA 00000 | |
| TITLE | M | <input checked="" type="checkbox"/> Delete |
| NAME | VASQUEZ, FRANCISCO H | |
| STREET ADDRESS | 1051 NW 106TH AVE | |
| CITY-ST-ZIP | PLANTATION FL 33322 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VASQUEZ, FRANCISCO H. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1400 N.W. 108 AVE. APT. 262 | |
| CITY-ST-ZIP | PLANTATION, FL 33322 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 persons empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/00 (954) 473-2232

Date

Daytime Phone #

CRP-034 (9/99)



DO NOT WRITE IN THIS SPACE