

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90136 038 ***150.00

0191272

DOCUMENT # 665135

1. Entity Name
IBERICA, INC.

Principal Place of Business

Mailing Address

~~7711 S.W. 40TH ST.~~
~~MIAMI FL 33155~~

~~7711 S.W. 40TH ST.~~
~~MIAMI FL 33155~~

2. Principal Place of Business

5725 S.W. 77 TERR

3. Mailing Address

5725 S.W. 77 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

S. MIAMI FL

City & State

S. MIAMI FL

Zip

Country

33143-5410 USA

Zip

Country

33143-5410 USA

4. FEI Number **59-2074326**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CEINOS, RAFAEL
~~7711 SW 40 ST.~~
~~MIAMI FL 33155~~

7. Name and Address of New Registered Agent

Name

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

5725 S W 77 TERR

City

S. MIAMI

FL

Zip Code

33143-5410

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 **SD** ☐ Delete
 NAME **DOMINGUEZ, CIPRAIANO**
 STREET ADDRESS **4105 S.W. 116TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete
 NAME **CRUZ, JOSE**
 STREET ADDRESS **5569 N.W. 194TH LANE**
 CITY-ST-ZIP **OPA LOCKA FL**

TITLE **PD** ☐ Delete
 NAME **CEINOS, RAFAEL**
 STREET ADDRESS **5201 N.W. 7TH ST. #615**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete
 NAME **GONZALEZ, JOSE**
 STREET ADDRESS **3335 S.W. 65TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)