

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853603

1. Entity Name

LYNBROOK, N.V., INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90129 029 \*\*\*158.75

Principal Place of Business

717 PONCE DE LEON BLVD  
SUITE 234  
CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD  
SUITE 234  
CORAL GABLES FL 33134-2070

2. Principal Place of Business

6601 SW, 132 Avenue

3. Mailing Address

6601 SW, 132 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-2100809

Applied For

Not Applicable

Zip

33183

Country

USA

Zip

33183

Country

USA

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FABRE, FRANK R ESQ  
717 PONCE DE LEON BLVD  
SUITE 234  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Jose Luis Salsamendi

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

6601 SW, 132 Avenue

City

Miami, Florida

FL

Zip Code

33183

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)

FEBRUARY 22, 2000

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 PD  
NAME SALSAMENDI, JOSE LUIS  
STREET ADDRESS DE RUYTERKADE 62  
CITY-ST-ZIP CURACAO, NETH. ANTIL ☐ Delete

TITLE D  
NAME CURACAO CORPORATION CO NV  
STREET ADDRESS DE RUYTERKADE 62  
CITY-ST-ZIP CURACAO, NETH. ANTIL ☐ Delete

TITLE VPS  
NAME BELLON, LEOPOLDO  
STREET ADDRESS DE RUYTERKADE 62  
CITY-ST-ZIP CURACAO, NETH. ANTIL ☒ Delete

TITLE AS  
NAME FABRE, FRANK R S  
STREET ADDRESS 717 PONCE DE LEON BLVD., #234  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE VPT  
NAME CASO LLANO, ALFONSO  
STREET ADDRESS DE RUYTERKADE 62  
CITY-ST-ZIP CURACAO, NETH. ANTIL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary  
NAME Salsamendi, Jose Luis  
STREET ADDRESS DE RUYTERKADE 62, CURACAO, NETH. ANTIL ☐ Change ☒ Addition

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

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

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

TITLE Secretary  
NAME Caso Lano, Alfonso  
STREET ADDRESS de Ruyterkade 62, Curacao, Neth  
CITY-ST-ZIP Antilles ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE LUIS SALSAMENDI FEBRUARY 22, 2000 305-7523232