

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Entity Name

F00000003306

FILED

03 MAR 25 AM 8:41/3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Laborum.Com USA, Inc.

Principal Place of Business

Mailing Address

Same

Avda. Andrés Bello 2711, Of. 201
Las Condes, Santiago
Chile

W03-2833

100015287431

04/03/03--01043--008 **1050.00

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

01-03

Principal Place of Business

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0358184

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

Name

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

City

FL

Zip Code

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.

Brian Courtney
Asst. V. Pres.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11-25-02

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW IN FEES \$150.00
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Rafael Rodriguez
STREET ADDRESS Avda. Andres Bello 2711, Of. 201
CITY-ST-ZIP Las Condes, Santiago, Chile

☐ Delete

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

TITLE Director and CFO
NAME Eleuterio Ramirez
STREET ADDRESS Same as above
CITY-ST-ZIP

☐ Delete

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

TITLE Director and CTO
NAME Pablo Millan Lacunas
STREET ADDRESS Same as above
CITY-ST-ZIP

☐ Delete

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

TITLE
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CITY-ST-ZIP

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☐ Delete

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

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

RAFAEL RODRIGUEZ, CEO, Dec. 10, 2002