

F2100007065

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000447757 3)))



H210004477573ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954)389-1333
Fax Number : (954)389-1397

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
BERLITZ URUGUAY S.A CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2021 DEC -9 AM 11:59

FILED

2021 DEC -8 PM 2:16
FILED

12xc
12/8/21

Electronic Filing Menu

Corporate Filing Menu

Help

S. FRANKLIN

DEC 10 2021

(((H21000447757 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BERLITZ URUGUAY S.A CORP

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DANIELLA SANTANA

Name of Person

SALVER & COOK LLP

Firm/Company

2721 EXECUTIVE PARK DRIVE SUITE 4

Address

WESTON FLORIDA 33331

City/State and Zip code

D.SANTANA@ENDOTECHUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLA SANTANA

at (954) 3891333

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

(((H21000447757 3)))

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

(((H21000447757 3)))

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. BERLITZ URUGUAY S.A CORP

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. URUGUAY

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 09/04/1996

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 12/08/2021

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1064 CEDAR FALLS DRIVE, WESTON FLORIDA 33327

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SALVER & COOK LLP

Office Address: 2721 EXECUTIVE PARK DRIVE SUITE 4

WESTON

(City)

, Florida 33331

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(((H21000447757 3)))

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

(((H21000447757 3)))

☐ Chairman Name: DIEGO ARISTIZABAL

☐ Vice Chairman Address: 1064 CEDAR FALLS DR

☐ Director WESTON, FL 33327

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. DIEGO ARISTIZABAL

(Typed or printed name and capacity of person signing application)

(((H21000447757 3)))

DRG

DRG Translations

[Translation from Spanish into English]

CERTIFICATE Registration Data	6906	DGI
Companies and other single-member and multi-member entities	Version 00	General Tax Administration
Type of Document	TIN	Number 213554370012

Corporate name BERLITZ URUGUAY S.A.	Taxpayer number 213554370012
---	--

Type of Entity REGISTERED STOCK CORPORATION	Resident Yes	Country of Residence URUGUAY
---	------------------------	--

DGI Date of registration 09/04/1996	Start date 09/04/1996
---	---------------------------------

Tax ID Registration N° 0	Tax ID Date of registration / /
------------------------------------	---

Legal Residence

Department MONTEVIDEO	Town MONTEVIDEO
Address ARTIGAS BLVR. GRAL. 1309 0	

Contact

Phone	4030121	E-mail: JUAN.ESAIN@BERLITZ.COM.A
--------------	---------	---

Cell phone	097337399
-------------------	-----------

Fiscal Address

Premise number 4	Type of premise MAIN	Start Date 03/22/2010
----------------------------	--------------------------------	---------------------------------

Department MONTEVIDEO	Town MONTEVIDEO
---------------------------------	---------------------------

Address ARTIGAS BLVR. GRAL. 1309 0
--

Contact

Phone	4030121
--------------	---------

Activity 85499 OTHER TYPES OF TEACHING N.C.P.	Main Yes	Start date 03/22/2010
---	--------------------	---------------------------------

Classification

UAG 62 MONTEVIDEO

Group NOCEDE	Start date 09/04/1996
------------------------	---------------------------------

Activity 85499 OTHER TYPES OF TEACHING N.C.P.	Main Yes
---	--------------------



DRG Translations

CERTIFICATE	6906	DGI
Registration Data		
Companies and other single-member and multi-member entities	Version 00	General Tax Administration
Type of Document	TIN	
	Number 213554370012	
Obligation	Characteristic	Start date
IRPF II - TAX RELATED INCOME	SUBSTITUTE TAXPAYER	02/01/2010

Balance	Start date
OTHER ACTIVITIES 12/31	09/04/1996

Condition	Start date
EXEMPT TAXPAYER	09/07/2007

Condition	Start date
RUPE STATE SUPPLIER	04/29/2013

Condition	Start date
ELECTRONIC ISSUER	01/23/2021

Representations

Type of representation	taxpayer number	Name	Start date
PROXY	912359988	GUERRA GRACIELA BEATRIZ	01/17/2012

Type of representation	taxpayer number	Name	Start date
PROXY	216649350013	PEDREIRA LUZARDO MARIA VIRGINIA	03/07/2012

Type of representation	taxpayer number	Name	Start date
PROXY	217890410019	CAPDEVIELLE ETULAIN NATHALIE MARIA	03/07/2012

Type of representation	taxpayer number	Name	Start date
PROXY	58368979	TORRES LEONARDO MATIAS	09/14/2018

Type of representation	taxpayer number	Name	Start date
DIRECTOR	913569027	ARISTIZABAL ORTIZ DIEGO FERNANDO	07/06/2020

Type of representation	taxpayer number	Name	Start date
NOTARY PUBLIC	100672080016	MENDEZ GUERRERO MARIA JOSE	07/06/2020

Type of representation	taxpayer number	Name	Start date
PROXY	14931984	BENGOCHEA CANO ALMAYR EUGENIA	04/06/2021

Type of representation	taxpayer number	Name	Start date
NOTARY PUBLIC	217346640013	OLIVEROS CANO ANA LAURA	04/06/2021



DRG Translations

CERTIFICATE OF ACCURACY

State of Florida
County of Miami-Dade

I, Ruth Gorwitz, a certified translator, being duly sworn, depose and say: That I am familiar with both the Spanish and English languages.

That I have made the attached translation from the annexed document in the English language and hereby certify that the same is a true and complete translation to the best of my knowledge, ability and belief.



A handwritten signature of Ruth Gorwitz in black ink.

Ruth Gorwitz
ata associate member # 244064

State of Florida
County of Miami-Dade

THE FOREGOING INSTRUMENT was acknowledged before me by Ruth Gorwitz, who is personally known to me and who did take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 8th day of December of 2021.

A handwritten signature of Dina Lapco in black ink.

Notary Public
Type name: Dina Lapco
Commission N°: GG 193302



FILED
2021 DEC -8 PM 2:46
TALLAHASSEE, FL