

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F63895

1. Entity Name

AMARUBA, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90015 036 ***150.00

Principal Place of Business

Mailing Address

**1201 NE 99TH STREET
MIAMI SHORES FL 33138**

**1201 NE 99TH STREET
MIAMI SHORES FL 33138-2642**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**KRISSSEL, RICHARD
5901 SW 74TH ST.
S. MIAMI FL 33143**

Name

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

City

FL

Zip Code

4. FEI Number

59-2153819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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, 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	VTS	<input type="checkbox"/> Delete
NAME	ODUBER, FANNY	
STREET ADDRESS	1201 NE 99TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ODUBER, GERARDO	
STREET ADDRESS	1201 NE 99TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODUBER, HAROLD	
STREET ADDRESS	1201 NE 99TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL	
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	<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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #