

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**

F95000003854

1. Entity Name

Juviroga S.A.

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90311 038 \*\*\*150.00

Principal Place of Business

P.O. Box 532  
Panama 1, Panama

Mailing Address

P.O. Box 532  
Panama 1, Panama

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 3400

City & State

Miami, Florida

Zip

Country

33131

USA

4. FEI Number

98-0057870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Valdés-Fauli Corporate Services, Inc.  
2 South Biscayne Boulevard, Ste 3400  
Miami, Florida 33131

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 P/D ☐ Delete

NAME Icaza, Graciela  
STREET ADDRESS Call 61 #32, Urb. Obarrio  
CITY-ST-ZIP Panama 1, Panama

TITLE V/D ☐ Delete

NAME Icaza, Roy Eduardo  
STREET ADDRESS Call 61 #32, Urb. Obarrio  
CITY-ST-ZIP Panama 1, Panama

TITLE S/T/D ☐ Delete

NAME Icaza, Juan Carlos  
STREET ADDRESS Call 61 #32, Urb. Obarrio  
CITY-ST-ZIP Panama 1, Panama

TITLE D ☐ Delete

NAME Icaza de Salazar, Vivian  
STREET ADDRESS Call 61 #32, Urb. Obarrio  
CITY-ST-ZIP Panama 1, Panama

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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

GRACIELA ICAZA

Date

4/3/00

Daytime Phone #

305-376-6000

CR2E034 (9/99)