

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005184

1. Entity Name

CIA DE NEGOCIOS INMOBILIARIOS S.R.L.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90040 021 ***150.00

Principal Place of Business

Mailing Address

12247 SW. 17 LN.#102
 MIAMI, FL. 33175

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 MIAMI, FL. 33175

2. Principal Place of Business

12247 SW. 17 LN.

3. Mailing Address

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

Country

33175

Zip

Country

4. INCORPORATED FEI Number

10/07/1996 65-0767756

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

CATELANI, INES
 12247 SW. 17 LN #102
 MIAMI, FL. 33175

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 PDC ☐ Delete
 NAME MENDEZ ESTRELLA
 STREET ADDRESS 12247 SW. 17 LN.#102
 CITY-ST-ZIP MIAMI, FL.33175

TITLE PDC ☐ Delete
 NAME JUAREZ JOSE A.
 STREET ADDRESS 12247 SW. 17 LN.#102
 CITY-ST-ZIP MIAMI, FL. 33175

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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 #

04/19/00

305-225-6585