

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001529**

1. Entity Name

INVERSIONES 043332095, C.A.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90190 045 ***158.75

0146448

Principal Place of Business

7525 N.W. 8TH STREET, STE 201
MIAMI FL 33126

Mailing Address

7525 N.W. 8TH STREET, STE 201
MIAMI FL 33126

2. Principal Place of Business

6500 N.W. 72 Avenue

Suite, Apt. #, etc.

3. Mailing Address

6500 N.W. 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~X~~ **RIQUES, ALBERT J**
~~---~~ **4000 BRICKELL AVENUE, STE 660**
~~---~~ **MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Luis R. Chalbaud

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

6500 N.W. 72 Avenue

City

Miami,**FL**Zip Code
33166

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.

Registered Agent and
Luis R. Chalbaud, President**4/25/01**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PCD - CHALBAUD, LUIS R**
STREET ADDRESS **7525 N.W. 8TH STREET, STE 201**
CITY-ST-ZIP **MIAMI FL**TITLE ☒ Delete
NAME ~~X~~ **RIQUES, ALBERT J**
STREET ADDRESS ~~X~~ **4000 BRICKELL AVE, STE 660**
CITY-ST-ZIP ~~X~~ **MIAMI FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(f), 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

Luis R. Chalbaud, President**4/25/01**

Date

NEW (305) 436-9787

Daytime Phone #

CR2E034 (10/00)