## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # F9900003474 May 19, 2000 8:00 am Secretary of State ITF. INC. OF TEXAS 05-19-2000 90072 027 \*\*\*150.00 Principal Place of Business Mailing Address 1600 SOUTH FEDERAL HWY. SUITE 811 1600 SOUTH FEDERAL HWY, SUITE 811 POMPANO BEACH FL 33062-7520 POMPANO BEACH FL 33062 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 76-0278912 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUNADO, CARLOS DAVID Street Address (P.O. Box Number is Not Acceptable) 1600 SOUTH FEDERAL HWY, SUITE 811 POMPANO BEACH FL 33062 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE **CPST** Delete TITLE NAME NAME CUNADO ALONSO, MAXIMO STREET ADDRESS STREET ADDRESS ORENSE, 58 28020 CITY-ST-ZIP CITY-ST-ZIE MADRID SPAIN Addition ☐ Change Delete TITLE NAME NAME CUNADO, MARIA LUISA STREET ADDRESS STREET ADDRESS ORENSE, 58 28020 CITY-ST-ZIP CITY-ST-709 MADRID SPAIN Addition TITLE Delete TITLE NAME NAME CERON, ANGEL STREET ADDRESS STREET ADDRESS ORENSE, 58 28020 CITY-ST-ZIP CITY-ST-7IP MADRID SPAIN ☐ Change ☐ Addition TITI F TITLE Delete **GUMERSINDA AZCARATE . MARIA** NAME NAME STREET ADDRESS STREET ADDRESS ORENSE, 58 28020 CITY-ST-ZIP CITY-ST-ZIP MADRID SPAIN PRES/TREAS/SECRETARY/DIR Change ☐ Delete TITLE TITLE NAME CARLOS D. CUNADO STREET ADDRESS STREET ADDRESS 1600 S FEDERAL HIGHWAY, CITY-ST-7IP CITY-ST-ZIE POMPANO BEACH, FL 33062 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 supply mental 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 by Instead empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver changed, or on an attachment

CARLOS D. CUNADO

NTED NAME OF SIGNING OFFICER OR DIRECTOR