

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2000 90079 016 ***150.00

DOCUMENT # F99000004150

1. Entity Name

UNION FENOSA ACEX USA CORPORATION

Principal Place of Business

Mailing Address

7950 NW 53RD STREET, SUITE 205
 MIAMI FL 33166

7950 NW 53RD STREET, SUITE 205
 MIAMI FL 33166-4695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4274208

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPAMERICA, INC.
1525 SOUTH ANDREWS AVENUE, SUITE 216
FT. LAUDERDALE FL 33316

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☒ Delete
 NAME **ROURA, SANTIAGO**
 STREET ADDRESS **LERIDA 44, 5TH FLOOR, 28020 MADRID**
 CITY-ST-ZIP **SPAIN**

TITLE **P** ☒ Change ☐ Addition
 NAME **DE ALVARO, IGNACIO**
 STREET ADDRESS **LERIDA 44, 5TH FLOOR, 28020 MADRID**
 CITY-ST-ZIP **SPAIN**

TITLE **VCD** ☒ Delete
 NAME **CHACON, RAFAEL**
 STREET ADDRESS **LERIDA 44, 5TH FLOOR, 28020 MADRID**
 CITY-ST-ZIP **SPAIN**

TITLE **V** ☒ Change ☐ Addition
 NAME **MORAGAS JOSE L.**
 STREET ADDRESS **LERIDA 44 5TH FLOOR 28020 MADRID**
 CITY-ST-ZIP **SPAIN**

TITLE **D** ☐ Delete
 NAME **DE ALVARO, IGNACIO**
 STREET ADDRESS **LERIDA 44, 5TH FLOOR, 28020 MADRID**
 CITY-ST-ZIP **SPAIN**

TITLE **D/14** ☐ Change ☒ Addition
 NAME **JUAN BENZAL**
 STREET ADDRESS **LERIDA 44 5TH FLOOR 28020 MADRID**
 CITY-ST-ZIP **SPAIN**

TITLE **D** ☐ Delete
 NAME **MORAGAS, JOSE L**
 STREET ADDRESS **LERIDA 44, 5TH FLOOR, 28020 MADRID**
 CITY-ST-ZIP **SPAIN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Delete
 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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EE4 (9/99)