

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

0254930 AV

**DOCUMENT # F99000004704**

1. Entity Name  
**TORBERNITE HOLDINGS LIMITED CORP.**



05-19-2003 90228 006 \*\*\*150.00

Principal Place of Business  
**329 GRANELLO AVENUE  
CORAL GABLES FL 33146**

Mailing Address  
**329 GRANELLO AVENUE  
CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

**1528 Salerno Circle**

**1528 Salerno Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Weston**

**Weston**

City & State

City & State

**Florida**

**Florida**

Zip

Zip

**33327**

**33327**

Country

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2178037**

Applied For

Not Applicable

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

**UNITED STATES REGISTERED AGENTS, INC.  
239 GRANELLO AVE.  
CORAL GABLES FL 33146**

Name

**Eugenio Perichi**

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

**1528 Salerno Circle**

City

**Weston**

**FL**

Zip Code

**33327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **PERICHI, EUGENIO**  
STREET ADDRESS **P.O. BOX 025323, CCS 2030**  
CITY-ST-ZIP **MIAMI FL 33102-5323**

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

TITLE **D** ☐ Delete  
NAME **VALENCIA RAMIREZ, ANA CAROLINA**  
STREET ADDRESS **P.O. BOX 025323, CCS 2030**  
CITY-ST-ZIP **MIAMI FL 33102-5323**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**General Manager 954-387-4207**

Date

Daytime Phone #

CR2E034 (10/02)