

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004794

1. Entity Name

EXPRINTER CONTINENTAL OF SOUTH AMERICA, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90087 008 ***150.00

Principal Place of Business

2655 LE JEUNE RD. STE 532
CORAL GABLES FL 33134

Mailing Address

2655 LE JEUNE RD. STE 532
CORAL GABLES FL 33134-5832

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0944079

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE 3000
MIAMI FL 33131

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 PD ☐ Delete
NAME ALGORTA DE SUPERVIEL, MARIA D
STREET ADDRESS AVDA. FIGUEROA ALCOSTA 3024-4 FLOOR
CITY-ST-ZIP 1425 - BUENOS AIRES ARGENTIN

TITLE ☒ Change ☐ Add
NAME MARIA DEL CARMEN ALGORTA
STREET ADDRESS DE SUPERVIELLE
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DOYHAMBHERE, OSCAR E
STREET ADDRESS AVDA LEANDRO N ALEM 822 - 6 FLOOR
CITY-ST-ZIP 1001-BUENOS AIRES ARGENTINA

TITLE ☒ Change ☐ Add
NAME OSCAR EDUARDO
STREET ADDRESS DOYHAMBHERE
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME COLL DE ILLA, NELLY M
STREET ADDRESS AVDA SANTA FE 226-7 FLOOR "A"
CITY-ST-ZIP 1642-ACASSUSO

TITLE ☒ Change ☐ Add
NAME NELLY MAC COLL DE ILLA
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME RIVERO, GEORGE
STREET ADDRESS 2655 LE JEUNE RD, STE 532
CITY-ST-ZIP CORAL GABLES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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:

George Rivero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00

Date

305-441-7144
Daytime Phone #