

2000 UNIFORM BUSINESS REPORT (UBR)

3/27/3/278

FILED
Jul 25, 2000 8:00 am
Secretary of State

03-27-2000 90118 002 ***150.00

DOCUMENT # F99000005870

1. Entity Name

GRUBARGES MANAGEMENT USA, INC.

Principal Place of Business

2121 P STREET, N.W.
 WASHINGTON DC 20037

Mailing Address

2121 P STREET, N.W.
 WASHINGTON DC 20037-1010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

52-2200140

4. FEI Number

APPLIED FOR

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

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 fee if applicable.

(NOTE: Registered Agent Signature required when replacing)

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

TITLE	PO	☐ Delete
NAME	NIETO, MIGUEL B	
STREET ADDRESS	2121 P STREET, N.W.	
CITY- ST- ZIP	WASHINGTON DC 20037	
TITLE	VO	☐ Delete
NAME	SCOTT, CHARLES W	
STREET ADDRESS	2121 P STREET, N.W.	
CITY- ST- ZIP	WASHINGTON DC 20037	
TITLE	VO	☐ Delete
NAME	SANCHEZ, ALVARO A	
STREET ADDRESS	2121 P STREET, N.W.	
CITY- ST- ZIP	WASHINGTON DC 20037	
TITLE	D	☐ Delete
NAME	DE PONGA, JESUS GARCIA	
STREET ADDRESS	2121 P STREET, N.W.	
CITY- ST- ZIP	WASHINGTON DC 20037	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE:

Charles Scott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Scott

Date

3/9/00

202-956-6620

Daytime Phone

CR2EC04 (9/99)