

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H38259

1. Entity Name

NEGRO ENTERPRISES, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90072 040 \*\*\*150.00

Principal Place of Business

Mailing Address

%JOAQUIN R. MEMBIELA  
782 N.W. 42 AVE. STE 430  
MIAMI FL 33126  
US

%JOAQUIN R. MEMBIELA  
782 N.W. 42 AVE. STE 430  
MIAMI FL 33126-5549  
US

2. Principal Place of Business

3. Mailing Address

782 N.W. 42ND AVENUE

782 N.W. 42ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 430

SUITE 430

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2485707

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

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

MEMBIELA, JOAQUIN R.  
782 N.W. 42 AVE.  
STE 430  
MIAMI FL 33126

Name

OSVALDO MARTINEZ

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

782 N.W. 42ND AVENUE

SUITE 430

City

MIAMI

FL

Zip Code  
33126

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 OSVALDO MARTINEZ

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 **STD** ☐ Delete  
NAME **MEMBIELA, JOAQUIN R.**  
STREET ADDRESS **782 N.W. 42 AVE. STE 430**  
CITY-ST-ZIP **MIAMI FL**

TITLE **T/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **MEDINA, MARTA**  
STREET ADDRESS **782 N.W. 42 AVE. STE 430**  
CITY-ST-ZIP **MIAMI FL**

TITLE **P/D** ☒ Change ☐ Addition  
NAME **MARTA MEDINA MEMBIELA**  
STREET ADDRESS **782 N.W. 42 AVE, STE 430**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **VP** ☐ Delete  
NAME **MARTINEZ, OSVALDO**  
STREET ADDRESS **782 NW 42ND AVE, #430**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **S/D** ☒ Change ☐ Addition  
NAME **OSVALDO MARTINEZ**  
STREET ADDRESS **782 N.W. 42 AVE, STE 430**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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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 all other like empowered.

SIGNATURE:

MARTA MEDINA MEMBIELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 446-4006

CR2E034 (9/99)