

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90063 043 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J91180

1. Entity Name

INVERSIONES CONTINENTAL, U.S.A., CORP.



DONOTWRITEINTHISPACE

2. Principal Place of Business
APARTADO 390

3. Mailing Address
9655 W BROWARD BLVD

Suite, etc., Suite,

Apartment, etc.,

DO NOT WRITE IN THIS SPACE

County City
SAN PEDRO, SULA

State
PLANTATION, FL

4. FEI Number **65-0018270**

Applied For
Not Applicable

Zip Country
33169 HO

Zip Country
33324 U.S.A

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name: **CORPORATION INFORMATION SERVICES, INC**

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

1201 HAYES STREET

C **TALLAHASSEE** **FL** **32301**

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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 re-statating D.A.T.E.)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD ROSENTHAL, JAIME
P.O. BOX 390 SAN PEDRO, SULA 33169**

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03 (454) 452-0100
Date Daytime Phone

CR2E034B(12/02)