

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90410 044 ***150.00

0208674 AV

DOCUMENT # K10952

1. Entity Name
AMECARIB LONGVIEW, INC.

Principal Place of Business
C/O KAUFMAN, ROSSIN & CO.
2699 SO. BAYSHORE DRIVE
MIAMI FL 33133

Mailing Address
C/O KAUFMAN, ROSSIN & CO.
2699 SO. BAYSHORE DRIVE
MIAMI FL 33133

2. Principal Place of Business
c/o Morrison Brown et al
 Suite, Apt. #, etc.
1001 Brickell Bay Drive
 City & State
Miami, Florida
 Zip
33131
 Country
USA

3. Mailing Address
c/o Morrison Brown et al
 Suite, Apt. #, etc.
1001 Brickell Bay Drive
 City & State
Miami, Florida
 Zip
33131
 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0145219** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FARRA, MIGUEL G ESQ.
2699 SOUTH BAYSHORE DRIVE
FIFTH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
Farra, Miguel G. Esq.
 Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Drive
Ninth Floor
 City
Miami **FL** Zip Code
33131

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]* DATE **4/11/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	DPTS	<input type="checkbox"/> Delete
NAME	MAURY, MARIA EUGENIA	
STREET ADDRESS	141 EAST 72ND STREET	
CITY-ST-ZIP	NEW YORK NE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Mauzy, Maria Eugenia		
STREET ADDRESS	141 East 72nd Street, No. 3		
CITY-ST-ZIP	New York, NY 10021		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA EUGENIA MAURY

4-8-02

Date

(212) 439-0130

Daytime Phone #

CR2E034 (9/01)