

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L 42483**
 1. Entity Name
BORDER ENTERPRISES ONSHORE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90466 001 ***150.00
 04-26-2000 90466 002 ***150.00

Principal Place of Business Mailing Address
11
 2. Principal Place of Business 3. Mailing Address
2566 JARDIN WAY 2566 JARDIN WAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

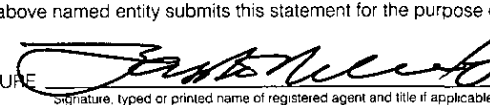
DO NOT WRITE IN THIS SPACE

City & State City & State
WESTON, FL WESTON, FL
 Zip Country Zip Country
33327 USA 33327 USA

4. FEI Number Applied For
65-0166048 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REBOREDO JR., GASTON
1112 WESTON RD.
#168
WESTON, FL 33326

7. Name and Address of New Registered Agent
 Name **GASTON REBOREDO JR.**
 Street Address (P.O. Box Number is Not Acceptable)
2566 JARDIN WAY
 City **WESTON** FL **33327**

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  **GASTON REBOREDO** DATE **4/13/00**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D, P, T GASTON REBOREDO JR. 2566 JARDIN WAY WESTON, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP GASTON REBOREDO F. 2566 JARDIN WAY WESTON, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP MARINA REBOREDO 2501 BRICKELL AVE. APT 701 MIAMI, FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP REBOREDO, REBECA 2566 JARDIN WAY WESTON, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP, AS REBECA REBOREDO 2566 JARDIN WAY WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  **GASTON REBOREDO JR.** DATE **4/13/00** Daytime Phone # **(954) 385-9878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)