2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M92420 Mar 07, 2000 8:00 am **Secretary of State** NARBI INTERNATIONAL INVESTMENTS INC. 03-07-2000 90095 002 ***150.00 Mailing Address Principal Place of Business 237 PEPPERTREE DRIVE 237 PEPPERTREE DRIVE ORLANDO FL 32825-3642 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2900164 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PADILLA, MARIA M. Street Address (P.O. Box Number is Not Acceptable) 237 PEPPERTREE DR ORLANDO FL 32825 Zip Code FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD Addition □ Delete TITLE TITLE PADILLA, NARCISO S. NAME NAME 237 PEPPERTREE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition SD Delete TITLE TITLE PADILLA, MARIA M. NAME NAME STREET ADDRESS STREET ADDRESS 237 PEPPERTREE DR. CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BARBA, JUANITO P. NAME NAME STREET ADDRESS STREET ADDRESS 237 PEPPERTREE DR. CITY-ST-ZIP CITY-ST-7IP ORLANDO FL ☐ Change Addition ☐ Delete TITLE TITLE PADILLA, ALBERTO M. NAME NAME 237 PEPPERTREE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 given provered.