

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
 05-19-2001 90279 040 ***150.00

DOCUMENT # **P00000002675**

1. Entity Name

NAROSCA Corporation

Principal Place of Business

1455 Martinique Ct. #6516
Weston, FL 33326

Mailing Address

1455 Martinique Ct. No. 6516
Weston, FL 33326

768561

2. Principal Place of Business

16624 Hemingway Dr.

3. Mailing Address

16624 Hemingway Dr.

DO NOT WRITE IN THIS SPACE

City & State

Weston FL

City & State

Weston FL

4. FEI Number

65-0976717

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

Armando F. Careaga
17240 NW 64th Ave. #114
Miami Lakes, FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PRES.** ☐ Delete
 NAME **Rodrigo Escobar**
 STREET ADDRESS **Ave. 5 Oeste # 5-330 Apt. 604**
 CITY-ST-ZIP **Calif. Colombia**

TITLE **Sec.** ☐ Delete
 NAME **Nora V. de Huetado**
 STREET ADDRESS **CARRERA 2A Oeste # 1-14**
 CITY-ST-ZIP **Calif. Colombia**

TITLE **V.P. TREAS.** ☐ Delete
 NAME **Lilliana H. Vergara**
 STREET ADDRESS **Ave. 5 Oeste # 5-330 Apt. 604**
 CITY-ST-ZIP **Calif. Colombia**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **Lilliana H. Vergara**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/2001 (954) 654-0321

Daytime Phone #

CR2034 (9/99)