

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90191 015 \*\*\*150.00

**DOCUMENT # P00000012222**

**1. Entity Name**  
**HARIBO CORPORATION**



**Principal Place of Business**  
605 E. ROBINSON ST  
STE 635  
ORLANDO FL 32779

**Mailing Address**  
605 E. ROBINSON ST  
STE 635  
ORLANDO FL 32779

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3620729

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

DE PAULA, CANDELARIA B  
309 SABAL PARK PLACE APT 205  
LONGWOOD FL 32779

Name  
CLAUDIA MATOS

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

17890 NE 31th Ct # 3312

City  
Miami

FL

Zip Code  
33160

**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** *Claudia Matos* CLAUDIA MATOS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/3

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** DE PAULA, CANDELARIA B  
**STREET ADDRESS** 309 SABAL PARK PLACE APT 205  
**CITY-ST-ZIP** LONGWOOD FL 32779

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**CITY-ST-ZIP**

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Claudia Matos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/3 (305) 466-1290  
Date Daytime Phone #

CR2E034 (10/02)