

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023580

1. Entity Name

BIU USA DELEGATION, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90028 042 ***150.00

Principal Place of Business

4045 BONITA AVE
MIAMI FL 33133

Mailing Address

2520 SW 22 STREET #2312
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

#312 - 2520 S.W. 22 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

City & State

City & State

MIAMI, FL

Zip

Country

Zip

33145

Country

USA

4. FEI Number

65-0989556

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

LECLERCQ, VERONIQUE
4045 BONITA AVE
MIAMI FL 33133

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.
(See criteria on back)

☒

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESPINA, RICARDO B	
STREET ADDRESS	C/LAZAGA 14, 2-B	
CITY-ST-ZIP	28020 MADRID, SPAIN	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSEN, GUILLERMO M	
STREET ADDRESS	C/COLEGIATA 14, 1 EXT-IZ	
CITY-ST-ZIP	28020 MADRID, SPAIN	
TITLE	D	<input type="checkbox"/> Delete
NAME	LECLERCQ, VERONIQUE	
STREET ADDRESS	4045 BONITA AVE	
CITY-ST-ZIP	MIAMI FL 33133	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLERMO MARTIN OLSEN	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

305-668-4494

Daytime Phone #

0182168

CR2E034 (10/00)