

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0220043  
AV

05-01-2003 90982 043 \*\*\*150.00

**DOCUMENT # P00000026282**  
1. Entity Name  
**CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.**



Principal Place of Business: **200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI FL 33131**  
Mailing Address: **200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI FL 33131**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **65-0989930**  
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**

**PARENTI, BETSY**  
**200 SOUTH BISCAYNE BLVD., SUITE 4100**  
**MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>VALDES-FAULI, RAUL J ESQ</b>	
STREET ADDRESS	<b>200 S BISCAYNE BLVD STE 4100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> Delete
NAME	<b>SERAALLES, JUAN E</b>	
STREET ADDRESS	<b>200 S BISCAYNE BLVD STE 4100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ-QUINCOCES, GUILLERMO</b>	
STREET ADDRESS	<b>200 S BISCAYNE BLVD STE 4100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PARENTI, BETSY</b>	
STREET ADDRESS	<b>200 S. BISCAYNE BLVD. STE 4100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**7/29/03**  
Date

Daytime Phone #

CR2E034 (10/02)