

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 048 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000042844

1. Entity Name

HYBRID CORPORATION

DO NOT WRITE IN THIS SPACE

B0062032

2. Principal Place of Business

2221 SOUTHWEST 14 STREET

Suite, Apt. #, etc.

3. Mailing Address

(SAME AS LINE 2)

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. City & State

MIAMI

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

33145

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BARBARA VELUNZA

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

2221 SOUTHWEST 14 STREET

City
MIAMI

FL

Zip Code
33145

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

Barbara O. Velunza

03/18/02

Signature, typed or printed name of registered agent and date 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

DIRECTOR
BARBARA VELUNZA
2221 SOUTHWEST 14 STREET
MIAMI, FLORIDA 33145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara O. Velunza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/02
Date

(305) 860-9959
Daytime Phone #

CR2E034B (12/01)