

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051172

1. Entity Name

ADMINISTRADORA DE SERVICIOS PLANINSA, INC.

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90003 015 ***150.00

Principal Place of Business

981 WATERSIDE CIR
WESTON FL 33327

Mailing Address

981 WATERSIDE CIR
WESTON FL 33327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1010733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

IMPOSIMATO, FELIX
981 WATERSIDE CIR
WESTON FL 33327

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
NAME D
STREET ADDRESS JUANEDA, SEBASTIAN
CITY-ST-ZIP CALLE YARE QUINTA VICTORIA SECTOR J
MACARACUAY CARACAS VENEZUELA

TITLE ☐ Delete
NAME D
STREET ADDRESS JUANEDA, JOSE
CITY-ST-ZIP AVENIDA EL SAMAN EDIFICIO GARD PAL PISO 2
APTO 2C EL MARQUEZ EDO MIR

TITLE ☐ Delete
NAME D
STREET ADDRESS JUANEDA, ANTONIO
CITY-ST-ZIP CALLE 15 RESID. MARACAPANA TORRE A PISO 8
APTO 81-A LA URBINA EDO MARI

TITLE ☐ Delete
NAME D
STREET ADDRESS TORRES, KARINA
CITY-ST-ZIP AV PRINC. LA ALAMEDA REISD TAMARINDO PISO3
APTO 31 LA ALAMEDA EDO MIRANA

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)