

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAR 21 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056793

Entity Name

SIMON BOLIVAR SOCIETY INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

16315 NW 83 CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-1021863

Applied For

Not Applicable

Zip

33016

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ELSSY MARTINEZ

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

16315 NW 83 CT

City

MIAMI

FL

Zip Code

33016

**DO NOT WRITE  
IN THIS SPACE**

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)

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 PD  
NAME RUBIO JAIME  
STREET ADDRESS 16315 NW 83 Court  
CITY-ST-ZIP Miami Fl. 33016

TITLE VD  
NAME RUBIO BETTY  
STREET ADDRESS 16315 NW 83 Court  
CITY-ST-ZIP Miami Fl. 33016

TITLE D  
NAME SERRANO JAIRO  
STREET ADDRESS 16315 NW 83 Court  
CITY-ST-ZIP Miami Fl. 33016

TITLE  
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**DO NOT WRITE  
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 or without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #