

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

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-11-2002 90072 039 *****61.25
04-07-2002 90080 027 *****88.75

DOCUMENT # 0000000 07633 ✓

1. Entity Name

HYBRID GROUP, CORP.

DO NOT WRITE IN THIS SPACE

B0060124

2. Principal Place of Business

12956 S.W. 133 Court

Suite, Apt. #, etc.

Unit B

3. Mailing Address

12956 S.W. 133 Court

Suite, Apt. #, etc.

Unit B

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida 33186

City & State

Miami, Florida 33186

4. FEI Number

65-1030996

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Francisco Navarrete

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

12956 S.W. 133 Court

Unit B

City

Miami

FL

Zip Code

33186

**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

Francisco Navarrete
Francisco Navarrete

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/02

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

D, P, VP, S, T
Francisco Navarrete
12956 S.W. 133 Court, Unit B
Miami, Florida 33186

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CITY-ST-ZIP

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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

Francisco Navarrete
Francisco Navarrete

DIRECTOR

2/20/02

(305)254-7081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)