# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 15, 2001 8:00 am**
**Secretary of State**
02-26-2001 90510 001 ***150.00

DOCUMENT # P00000072005

1. Entity Name
CLIMBER CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 2828 CORAL WAY<br>SUITE 100<br>MIAMI FL 33145 | 2828 CORAL WAY<br>SUITE 100<br>MIAMI FL 33145 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2150 SW 22 STREET | 2150 SW 22 STREET |
| Suite, Apt. #, etc.<br>5-B | Suite, Apt. #, etc.<br>5-B |
| City & State<br>Miami FL | City & State<br>Miami, FL |
| Zip 33145 Country | Zip 33145 Country |

4. FEI Number 65-1032238 ☐ 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 |
|---|---|
| LEON, ANGEL<br>4765 NORTH BAY ROAD<br>MIAMI BEACH FL 33140 | Name DOMENICO ALBANO<br>Street Address (P.O. Box Number is Not Acceptable) 540 BRICKELL KEY DR 1213<br>City MIAMI FL Zip Code 33131 |

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 _____ DOMENICO ALBANO, PD 03/12/01
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) X

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | LEON<br>ANGEL<br>4765 NORTH BAY ROAD<br>MIAMI BEACH FL 33140 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DIRA, C. A<br>AVENIDA LOS AGRICULTORES, EDIFICIO ALBANO<br>ACARIGUA,EDO PORT.,VENEZUELA | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD DOMENICO ALBANO<br>540 BRICKELL KEY DR #1213<br>MIAMI FL 33131 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (10/00)

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:** _____ 1/30/01 305-2186768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOMENICO ALBANO