

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90213 032 \*\*\*150.00

**DOCUMENT # P00000096100**

1. Entity Name

FACHADAS USA, CORP.

Principal Place of Business

17640 NW 67TH AVE.  
 SUITE #1312  
 MIAMI FL 33015

Mailing Address

17640 NW 67TH AVE.  
 SUITE #1312  
 MIAMI FL 33015

876770



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17640 NW 67 Ave

Suite, Apt. #, etc.

1312

City & State

MIAMI

Zip

33015

Country

USA

3. Mailing Address

17640 NW 67 Ave

Suite, Apt. #, etc.

1312

City & State

MIAMI

Zip

33015

Country

USA

4. FEI Number

65-1046145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

TOVAR, ILEANA ARIAS  
 9900 STIRLING ROAD  
 SUITE 218  
 COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name

TOVAR, ILEANA ARIAS

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

9900 Stirling Road Suite 218

City

COOPER CITY

FL

Zip Code

33024

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, 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 PD ☐ Delete  
 NAME HURTADO, RODRIGO  
 STREET ADDRESS 17640 NW 67TH AVE., SUITE #1312  
 CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME DEL PILAR HURTADO, MARIA  
 STREET ADDRESS 17640 NW 67TH AVE., SUITE #1312  
 CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD ☐ Delete  
 NAME JIMENEZ, SEBASTIAN  
 STREET ADDRESS 17640 NW 67TH AVE., SUITE #1312  
 CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☐ Delete  
 NAME HURTADO, LUZ ELSY  
 STREET ADDRESS 17640 NW 67TH AVE., SUITE #1312  
 CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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:

*SK*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-01

Date

305 7754482

Daytime Phone #

CR2E034 (10/00)