

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098728

1. Entity Name
CARVAJAL USA, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90050 034 ***158.75

Principal Place of Business
~~1913 PONCE DE LEON BLVD. STE 301~~
~~CORAL GABLES FL 33134~~

Mailing Address
~~1213 PONCE DE LEON BLVD. STE 301~~
~~CORAL GABLES FL 33134~~

00032816



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 PONCE DE LEON BLVD.
Suite, Apt. #, etc.
SUITE 901

3. Mailing Address
901 PONCE DE LEON BLVD.
Suite, Apt. #, etc.
STE 901

City & State
CORAL GABLES FL

City & State
CORAL GABLES, FLORIDA

4. FEI Number
65-1049683

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
-

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

~~SANCHEZ-GALARRAGA, JORGE~~
~~1913 PONCE DE LEON BLVD, STE 301~~
~~CORAL GABLES FL 33134~~

Name
MARIA ELENA RUBIO
Street Address (P.O. Box Number is Not Acceptable)
901 PONCE DE LEON BLVD. STE 901
City
CORAL GABLES FL Zip Code
33134

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
Maria E. Rubio

DATE
3/27/01

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) ☐

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	D SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD, STE 301 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PRESIDENT ALVAREZ, LUIS CAMILO 901 PONCE DE LEON BLVD., STE 901 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SECRETARY CARVAJAL, JORGE HERNANDO 901 PONCE DE LEON BLVD., STE 901 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ASST. SECRETARY RUBIO, MARIA ELENA 901 PONCE DE LEON BLVD., STE 901 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Maria E. Rubio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
3/27/01

DATE

DAYTIME PHONE #
305-448-6875

DAYTIME PHONE #

CR2E034 (10/00)