

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114113

1. Entity Name
- SUPRA ASSETS, INC.

5/ **FILED**
Jun 25, 2001 8:00 am
Secretary of State

05-24-2001 90500 002 ***150.00

Principal Place of Business
1581 BRICKELL AVE. STE 1202
MIAMI FL 33129

Mailing Address
1581 BRICKELL AVE. STE 1202
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1066124**

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

RODRIGUEZ, JOSE RAMON
275 FONTAINEBLEAU BLVD, STE 135
MIAMI FL 33172

Name **CARLOS HARRINGTON**
Street Address (P.O. Box Number is Not Acceptable)
1581 BRICKELL AVE, SUITE 1202
City **MIAMI** FL Zip Code **33129**

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]*
(Signature, typed or printed name of registered agent and title if applicable)

(NOT) Registered Agent Signature required when retreating

DATE

9. This corporation is eligible to satisfy its intangible Tax (filing requirement and elects to do so, (See criteria on back)) ☐

FILE NOW
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 ALBERTO IMBELLONE, OSCAR 1581 BRICKELL AVE, STE 1202 MIAMI FL 33129	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSCAR IMBELLONE, SANTIAGO 1581 BRICKELL AVE, STE 1202 MIAMI FL 33129	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARKANTZOU, PARASKEV 1581 BRICKELL AVE, STE 1202 MIAMI FL 33129	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMBELLONE, FRANCESCA 1581 BRICKELL AVE, STE 1202 MIAMI FL 33129	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 no 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER & DIRECTOR

PRESIDENT
OSCAR A IMBELLONE 5/1/2001

305 858 9679

Date

Daytime Phone #

CR2004 (10/00)