

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90237 040 \*\*\*550.00

978961



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000005414**

1. Entity Name  
**EFACEC FLORIDA, INC.**

Principal Place of Business

2655 LE JEUNE ROAD  
 SUITE 303  
 MIAMI FL 33134

Mailing Address

2655 LE JEUNE ROAD  
 SUITE 303  
 MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651069144

Applied For

Not Applicable

Zip

Country

Zip

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

**GUERRA, JORGE O**  
**8906 SOUTH WEST 108 PLACE**  
**MIAMI FL 33176**

Name

**GUERRA, JORGE O.**

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

**13620 SOUTH WEST 104 AVENUE**

City

**MIAMI**

**FL**

Zip Code

**33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/03/2002

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
**PST**  
 NAME **GUERRA, JORGE O**  
 STREET ADDRESS **8906 SOUTH WEST 108 PLACE**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☒ Addition  
 NAME **FRANCISCO ALMADA LOBO**  
 STREET ADDRESS **2655 LE JEUNE ROAD SUITE 303**  
 CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **CHAIRMAN, SECRETARY, TREASURER**  
 STREET ADDRESS **JORGE O. GUERRA**  
 CITY-ST-ZIP **13620 SOUTH WEST 104 AVENUE**  
**MIAMI, FL 33176**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**SIGNATURE REQUIRED**

9/03/2002

305-779-4984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)