

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91114 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **701 0000 19112**

1. Entity Name **B2B AMERICA CORP.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10773 NWS 58ST

Suite, Apt. #, etc.
356

City & State
MIAMI - FL - 33178

Zip **33178** Country **USA**

3. Mailing Address
10773 NW 58ST

Suite, Apt. #, etc.
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City & State
MIAMI - FL

Zip **33178** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1082825**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **EUGENIO CRESPO**

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

2910 SW 133RD Ave

City **MIRAMAR** **FL** Zip Code **33027**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **DIRECTOR**
NAME **EUGENIO CRESPO**
STREET ADDRESS **2910 SW 133RD Ave**
CITY - ST - ZIP **MIRAMAR - FL - 33027**

TITLE **DIRECTOR**
NAME **EDGARDO FERNANDEZ**
STREET ADDRESS **10511 SW 161ST Ave**
CITY - ST - ZIP **MIAMI - FL - 33196**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/2002 786-306-9568

CR2ED34B (12/01)