

P5182

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000020962

1. Entity Name

Restrepo International Corp.



FILED

04 SEP 13 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6000 NW 97th Ave

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33178

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

4. FEI Number

45-1080484

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Izurieta, Patricia

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

6000 NW 97th Ave

Suite 100

Miami

FL

Zip

33178

**DO NOT WRITE
IN THIS SPACE**

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

Patricia Izurieta

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

(NOTE: Registered Agent signature required when reappointing)

DATE

500041256425

09/22/04--01030--007 **450.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

PATRICIA IZURIETA

6000 NW 97th Ave #100

Miami, FL 33178

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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12. 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Patricia Izurieta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR

Optional Form 8

CR2E034E (12/02)

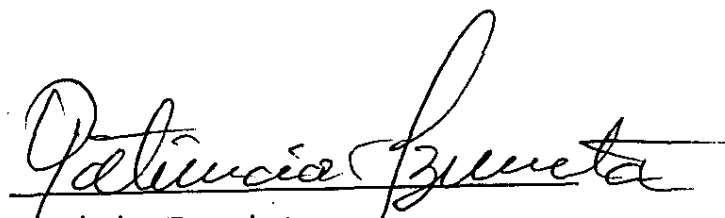
PS 282

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2002, 2003, and 2004 or any other notice from the Division of Corporations in respect with the Corporation **RESTREPO INTERNATIONAL, CORP.**

Thank you for your courtesy in this matter.

A handwritten signature in cursive script, reading "Patricia Izurieta". The signature is written in dark ink and is positioned above the printed name and title.

Patricia Izurieta
President