...IT CORPORATION ...BUSINESS REPORT (UBR)

May 17, 2002 8:00 am
Secretary of State
05-17-2002 90033 036 ***150.00

...ENT # P01000026521

1. Name
Algobeda Ocho, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
286 Seaview Drive	286 Seaview Drive
Suite, Apt. #, etc.: C-3	Suite, Apt. #, etc.: C-3
City & State: Key Biscayne, FL	City & State: Key Biscayne, FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1082954 ☐ 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: Lazaro J. Perez

Street Address (P.O. Box Number is Not Acceptable): 3211 Ponce de Leon Blvd.

Suite 305

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	Gonzalez-Ubeda, Miguel Maria A. 1111 Crandon Blvd. #G-1005 Key Biscayne, FL 33149
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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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2002 Date

305/444-2142 Daytime Phone #