

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90150 012 ***150.00

DOCUMENT # P 01000038946

1. Entity Name

FUNES CARBO INTERNATIONAL, CORP.

90061588

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

169 E. FLAGLER

Suite, Apt. #, etc.

SUITE # 1534

City & State

Miami

Zip

FLORIDA

Country

33131

3. Mailing Address

169 E. FLAGLER

Suite, Apt. #, etc.

SUITE # 1534

City & State

Miami

Zip

FLORIDA

Country

33131

4. FEI Number

65-1102112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HERNAN CABRERA

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

169 E. FLAGLER

SUITE # 1534

City

Miami

FL

Zip Code

33131

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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.

SIGNATURE

[Signature]

HERNAN CABRERA REGISTERED AGENT

(NOTE: Registered Agent signature required when re-registering)

03.18.03

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
*P.J. SECRETARY
FUNES MARTIN GERARDO
25 DE MAYO 168 3RD FLOOR. APT #25
BUENOS AIRES - ARGENTINA*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*CABRERA HERNAN VICE-PRESIDENT
25 DE MAYO 168 3RD FLOOR. APT #25
BUENOS AIRES - ARGENTINA*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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

Martin Gerardo Funes

03.18.03

DATE

(305) 960 1169

TELEPHONE #

CR2E034B (12/01)