

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90100 048 ***150.00

DOCUMENT #P01000058294

1. Entity Name

SUBAR MANAGEMENT INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

520 Brickell Key Drive

3. Mailing Address

520 Brickell Key Drive

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

4. FEI Number

75-3009097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Transglobal Corporate Administration**

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

520 Brickell Key Drive

Suite 305

City

Miami

FL

Zip Code

33131

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 **D**
NAME **Pinilla, Nydia L**
STREET ADDRESS **520 Brickell Key Drive, Suite 305**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **D**
NAME **Pinilla, Mireya**
STREET ADDRESS **520 Brickell Key Drive, Suite 305**
CITY-ST-ZIP **Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I had signed 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nydia L Pinilla**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Please
Sign & Date**

4/30/02
Date
374-3800
Daytime Phone #

CR2E034B (12/01)