

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

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90159 015 ***550.00

DOCUMENT # **P01000059426**

1. Entity Name

Inter Globe Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7220 NW 36 ST

3. Mailing Address

7220 NW 36 ST

Suite, Apt. #, etc.

642

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Zip

33166

Country

USA

Zip

Country

4. FEI Number

65-1113784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Patricia Zubiaga

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

15600 SW 80 ST apt 1207

City

Miami

FL

Zip Code

33193

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	President
NAME	Orlando Aparicio
STREET ADDRESS	urb Montalban Res Maria Gracia piso 2
CITY-ST-ZIP	Caracas - Venezuela
TITLE	Vice President
NAME	Jenny Urribarri
STREET ADDRESS	10418 SW 148 COURT
CITY-ST-ZIP	Miami - FL 33196
TITLE	Secretary
NAME	Patricia Zubiaga
STREET ADDRESS	15600 SW 80 ST apt 1207
CITY-ST-ZIP	Miami - FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**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: **Patricia Zubiaga T Patricia Zubiaga** 9/6/02 (1205)8499/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)