

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000059426**

1. Entity Name

**Inter Globe Corporation**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9010 SW 137 ave**

Suite, Apt. #, etc.

**217**

City & State

**Miami - FL**

Zip

**33186**

Country

**U.S.**

3. Mailing Address

**9010 SW 137 ave**

Suite, Apt. #, etc.

**217**

City & State

**Miami - FL**

Zip

**33186**

Country

**U.S.**

4. FEI Number

**651113784**

Applied For

Not Applied

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Patricia Zubiaga**

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

**15600 SW 80st Apt 207**

City

**Miami**

**FL**

Zip Code

**33193**

**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.

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 **Aparicio, Orlando**  
STREET ADDRESS **Urb. Montalban III Res. Maria**  
CITY-ST-ZIP **Gracia Piso 2 Caracas Venezuela**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**800023387988  
09/29/03-01023-008 \*\*558.75**

TITLE **Vice President**  
NAME **Urribarri, Jenny**  
STREET ADDRESS **10418 SW 148 court**  
CITY-ST-ZIP **Miami, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary**  
NAME **Zubiaga, Patricia**  
STREET ADDRESS **15600 SW 80st Apt 207**  
CITY-ST-ZIP **Miami - FL 33193**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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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:

**Jenny Urribarri**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/8/03**  
Date

**(305)9686634**  
Daytime Phone #