

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91752 023 \*\*\*150.00

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

DOCUMENT # P01006070709  
 1. Entity Name  
Nuevo Mundo Ranch, Corporation

**672776**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
19375 SW 136th St.  
 Suite, Apt. #, etc.  
 City & State Miami, FL  
 Zip 33196 Country U.S.A.

3. Mailing Address  
19375 SW 136th St.  
 Suite, Apt. #, etc.  
 City & State Miami, FL  
 Zip 33196 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number  
02-0553281  
 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 Moises Kaba III  
 Street Address (P.O. Box Number is Not Acceptable)  
7951 SW 40th Street  
 City Miami **FL** Zip Code 33155

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 Moises Kaba DATE 4/24/02  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| <u>Director</u><br><u>Moises Kaba III</u><br><u>7951 SW 40th Street</u><br><u>Miami FL 33155</u> |  |
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**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: Moises Kaba DATE 4/24/02 **(305) 667-9229**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR State Official's Phone #

CR2E034B (12/01)