

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90055 014 ***150.00

DOCUMENT # P02000037766

1. Entity Name
AZUCAR ENTERTAINMENT, INC.



Principal Place of Business
13984 SW 46 TERRACE
SUITE "B"
MIAMI FL 33175

Mailing Address
13984 SW 46 TERRACE
SUITE "B"
MIAMI FL 33175

2. Principal Place of Business

143 SW 9 Street
Suite, Apt. #, etc.
#203

3. Mailing Address

13984 SW 46 Terr
Suite, Apt. #, etc.
"B"

City & State

Miami FL

City & State

Miami FL

4. FEI Number

030428201

Applied For

☒ **Not Applicable**

Zip

33131

Country

Miami Dade

Zip

33175

Country

Miami Dade

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGURA, MARIA E
13984 SW 46 TERRACE
SUITE "B"
MIAMI FL 33175

Name

Street Address

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(If Not: Registered Agent signature required in registering)

DATE

11/5/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRIEBESCA, ANGELO
111 MENORES
CORAL GABLES, FL 33134

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
MARIA SEGURA
13984 SW 46 Terr Unit B
MIAMI FL 33175

☐ **Change**

☒ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GONZALEZ, OSWALDIS
2201 SW 142 COURT
MIAMI FL 33175

☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change**

☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
VASQUEZ, FERMIN
143 SW 9 STREET #203
MIAMI FL 33130

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change**

☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change**

☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change**

☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change**

☐ **Addition**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/03
Date
860 7742
Daytime Phone #

CR2E034 (10/02)