

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90149 014 \*\*\*150.00

0289873 AV

DOCUMENT # **P02000099994**



1. Entity Name  
**BUENA-VIBRA CORPORATION**

Principal Place of Business  
**9187 FOUNTAINEBLEAU BOULEVARD  
APT. 11  
MIAMI FL 33172**

Mailing Address  
**9187 FOUNTAINEBLEAU BOULEVARD  
APT. 11  
MIAMI FL 33172**

**22000787**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**9930 NW 5<sup>TH</sup> LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**9930 NW 5<sup>TH</sup> LANE**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**05-0548198**

Applied For  
Not Applicable

Zip Country  
**33172 USA**

Zip Country  
**33172 US**

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

**ROSA, JUAN  
9187 FOUNTAINEBLEAU BOULEVARD  
APT. 11  
MIAMI FL 33172**

Name  
**ROSA JUAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**9930 NW 5<sup>TH</sup> LANE**

City **MIAMI** FL Zip Code **33172**

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 **JUAN ROSA**

DATE **01/23/03**

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD. JAVIER MONTENEGRO</b> <b>9930 NW 5<sup>TH</sup> LANE</b> <b>MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY - JUAN ROSA</b> <b>9930 NW 5<sup>TH</sup> LANE</b> <b>MIAMI, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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: **JUAN ROSA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **23/01/2003** Daytime Phone # **(305) 588-9914**