

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90255 007 ***158.75

DOCUMENT # P02000129192

1. Entity Name
CONCENTRICGLOBAL.CORP.



Principal Place of Business
**9143 SW 77 AVENUE 207 B
MIAMI FL 33156**

Mailing Address
**9143 SW 77 AVENUE 207 B
MIAMI FL 33156**

2. Principal Place of Business
1300 NE MIAMI GARDENS DRIVE

3. Mailing Address
1300 NE MIAMI GARDENS DRIVE

Suite, Apt. #, etc.
602

Suite, Apt. #, etc.
602

City & State
North Miami FLORIDA

City & State
North Miami FLORIDA

Zip
33179

Country
USA

Zip
33179

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For
☐ Not Applicable

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

**ALMONACID, ANDRES
9143 SW 77 AVENUE 207 B
MIAMI FL 33156**

Name
ALMONACID ANDRES

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

1300 NE MIAMI GARDENS DRIVE 602

City
North Miami

FL

Zip Code
33179

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
D
NAME
ALMONACID, ANDRES
STREET ADDRESS
9143 SW 77 AVENUE 207 B
CITY-ST-ZIP
MIAMI FL 33156

TITLE
☐ Delete
NAME
☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

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STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP

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 REQUIRED

04/28/03

Date

(305) 9471754

Daytime Phone #

CR2E034 (10/02)