

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

DOCUMENT # P03000011502

1. Entity Name

Curico International, Inc.



FILED

05 JAN 18 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

641 NW 60 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33127

Country

Country

4. FEI Number

98-0391727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Ortiz, Felipe

Street Address (P.O. Box Number Not Acceptable)
641 NW 60th Street

City
Miami

FL

Zip Code
33127

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

SIGNATURE:

Signature, must be printed name of registered agent and \$8.75 fee required

(NOTE: Registered Agent signature required when relinquishing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

D. Election Campaign Financing

• Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Ortiz, Felipe
STREET ADDRESS	641 NW 60th Street
CITY-STATE-ZIP	Miami, FL 33127
TITLE	
NAME	
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CITY-STATE-ZIP	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

DATE

Daytime Phone #

CR2E0346 (12/02)

**CURICO INTERNATIONAL INC
641 NW 60 ST
MIAMI, FL 3312**

**TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314**

TO WHOM IT MAY CONCERN:

**PLEASE BE ADVISE THAT ON JANUARY 2004 I SUBMITTED THE ANNUAL REPORT
FORM ALONG WITH THE PAYMENT FOR THE YEAR OF 2004 AND I NEVER
RECEIVED A REJECTED LETTER FROM YOUR OFFICE.**

**AS PER YOUR INSTRUCTIONS, I AM ENCLOSING A COMPLETE ANNUAL REPORT
FORM ALONG WITH THE PAYMENT OF \$ 150.00 FOR THE YEAR OF 2005 ONLY
BECAUSE YOU ALREADY HAVE THE 2004 PAYMENT, IN ORDER TO PUT MY
COMPANY IN THE NORMAL STATUS. I APPRECIATE ALL YOUR HELP IN THIS
MATTER.**

**THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF
YOU HAVE ANY FURTHER QUESTION, PLEASE DO NOT HESITATE TO CONTACT
ME.**

CORDIALLY,



**FELIPE ORTIZ
PRESIDENT**

RECEIVED
05 JAN 18 AM 11:53
**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**