

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11134

1. Entity Name

ASMERCOVE, S.A.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90049 030 \*\*\*150.00

Principal Place of Business

Mailing Address

7350 NW 7TH ST  
STE 201-A  
MIAMI FL 33126  
US

7350 NW 7TH ST  
STE 201-A  
MIAMI FL 33126-2977  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2707165

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRESPO, ALEJANDRO  
9260 SW 72 ST # 117  
MIAMI FL 33173

Name

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

City

FL

Zip Code

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 *X*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME JIMENEZ, RODRIGO  
STREET ADDRESS CALLE 51 #25 BELLA VISTA  
CITY-ST-ZIP PANAMA, R OF PANAMA

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

TITLE VD ☐ Delete  
NAME JIMENEZ, PIEDAD ZULUAGA  
STREET ADDRESS CALLE 51 #25 BELLA VISTA  
CITY-ST-ZIP PANAMA, R OF PANAMA

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

TITLE S ☐ Delete  
NAME JIMENEZ, LUIS CARLOS  
STREET ADDRESS 9260 SW 72 ST #117  
CITY-ST-ZIP MIAMI FL 33173

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

TITLE TD ☐ Delete  
NAME MESA, ALINA JIMENEZ DE  
STREET ADDRESS 9800 SW 121 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE *T/D* ☒ Change ☐ Addition  
NAME *JIMENEZ, ALINA*  
STREET ADDRESS *1 GROVE ISLE DR. # 708*  
CITY-ST-ZIP *MIAMI FL*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/3/00

Date

305-857 9223

Daytime Phone #

CR2E034 (9/99)