

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089435

1. Entity Name

EXUR CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90369 024 ***150.00

Principal Place of Business

Mailing Address

8472 SW 72 STREET
 MIAMI FL 33166
 US

1985 NW 88TH CT.
 201
 MIAMI FL 33172-2638

2. Principal Place of Business

3. Mailing Address

10544 NW 26th St.

10544 NW 26th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E-202

E-202

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0583801

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33172

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

CORBO-RODRIGUEZ, CARMEN
 1985 N.W. 88TH COURT
 SUITE 201
 MIAMI FL 33172

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

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 ☐ Delete
 NAME D
 STREET ADDRESS CANO, JULIO C
 CITY-ST-ZIP FEDERICO GARCIA LORCA 8220
 MONTEVIDEO URUGUARY

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 15462 SW 151 Street
 CITY-ST-ZIP MIAMI, FL 33196

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.00. (305) 718 4255

CR2E034 (9/99)