

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

**FILED
Jul 02, 2002 8:00 am
Secretary of State**

07-02-2002 90812 011 ***550.00

DOCUMENT # P95000000247

1. Entity Name

TYPHOON ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

80126740

2. Principal Place of Business
12002 SW 101 Street

Suite, Apt. #, etc.

3. Mailing Address
12002 SW 101 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

Zip

33186

Country

U.S.A.

City & State
Miami, FL

Zip

33186

Country

U.S.A.

4. FEI Number
650598457

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
Jerry Green

Street Address (P.O. Box Number is Not Acceptable)
9200 S. Dadeland Blvd., Suite 700

City
Miami

FL

Zip Code
33156

**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.

SIGNATURE

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

, Jerry Green, Esquire

(NOTE: Registered Agent signature required when reappointing)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Test Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eduardo Pubill Rivera Marginal San Agustin KM 1,8 Rio Piedras, Puerto Rico 00923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Maritza Pubill Rivera Marginal San Agustin KM 1,8 Rio Piedras, Puerto Rico 00923
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CR2E034B (12/01)

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 on an attachment with an affidavit from all other persons empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #