

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076586

1. Entity Name

OCCIDENTAL DE IMPORTACION USA, INC.

FILED

Feb 23, 2000 8:00 am  
Secretary of State

02-23-2000 90022 012 \*\*\*158.75

Principal Place of Business

8089 N.W. 67TH STREET  
MIAMI FL 33166

Mailing Address

8331 NW 68TH ST  
MIAMI FL 33180-2578  
US

2. Principal Place of Business

7220 NW 36 ST  
Suite, Apt. #, etc.  
# 601

3. Mailing Address

7220 NW 36 ST  
Suite, Apt. #, etc.  
# 601



DO NOT WRITE IN THIS SPACE

City & State  
MIAMI - FL

City & State  
MIAMI FL

4. FEI Number 65-0612112

Applied For  
Not Applicable

Zip Country  
33166 DADE

Zip Country  
33166 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

RUIZ, ALBERTO  
8089 N.W. 67TH STREET  
MIAMI FL 33166

Name OMAR A. CONTRERAS  
Street Address (P.O. Box Number is Not Acceptable)  
3500 Mystic Point Drive  
Tower 400 # 608  
City Aventura FL Zip Code 33180

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 2/7/2000

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	PSD	<input type="checkbox"/> Delete
NAME	CONTRERAS, OMAR	
STREET ADDRESS	8331 NW 68TH ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUIZ, ALBERTO	
STREET ADDRESS	8331 NW 68TH ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELLA CONTRERAS	
STREET ADDRESS	7220 NW 36 ST # 601	
CITY-ST-ZIP	MIAMI - FL 33166	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alberto F. Ruiz	
STREET ADDRESS	3500 NW 86 ST	
CITY-ST-ZIP	MIAMI - FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000

Date

Daytime Phone #

CR2E034 (9/99)