

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91414 017 ***150.00

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DOCUMENT # P95000083293

1. Entity Name
MR. IBIZA USA, INC.



Principal Place of Business
**105 SW 19 AVE
FT LAUDERDALE FL 33312**

Mailing Address
**105 SW 19 AVE
FT LAUDERDALE FL 33312**

11040234



2. Principal Place of Business
110 SW 20TH AVE
Suite, Apt. #, etc.

3. Mailing Address
110 SW 20TH AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE FL

City & State
FT LAUDERDALE FL

4. FEI Number
65-0615427

Applied For
Not Applicable

Zip
33312

Country
USA

Zip
33312

Country
USA

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

**MARIO RODRIGUEZ
105 SW 19 AVE
FT LAUDERDALE FL 33312**

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

112 SW 20TH AVE
City
FT LAUDERDALE FL Zip Code
33312

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 *Mario Rodriguez* **M. RODRIGUEZ** **30 APRIL 2003**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RODRIGUEZ, MARIO 105 SW 19 AVE FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Rodriguez* **M. RODRIGUEZ** **30 APRIL 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)