

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P95000085521

1. Entity Name
CAMBIO INTERNATIONAL INC.

FILED

03 JAN 31 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FLORIDA

3. Mailing Address

6278 N. Fed Highway

Suite, Apt. #, etc.

505 S Fed. Hwy

Suite, Apt. #, etc.

Box 442

City & State

Deerfield Bch

City & State

Fort Lauderdale

Zip

33442

Country

BROWARD

Zip

33308

Country

BROWARD

4. FEI Number

65-029365

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RAE MARIE CAMBIO

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

472 GRANTHAM E

City

Deerfield Bch

FL

Zip Code

33442

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

Rae M. Cambio

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

(NOTE: Registered Agent signature required when reinstating)

12-16-02

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / TREASURER
RAE M CAMBIO
472 GRANTHAM E
Deerfield Bch, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300009594593
12/19/02--01016--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. Pres / SECRETARY
ERNEST CAMBIO
472 GRANTHAM E
Deerfield Bch, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300009594593
12/19/02--01016--004 **8.75

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02/20/03--01008--011 **150.00

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TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rae M. Cambio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-02

Date

954-421-8156

Daytime Phone #

CR2E034B (12/01)