

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90140 001 ***550.00

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

DOCUMENT # P96000004819

1. Entity Name

Gustavo Echeverry, Inc. ✓

DO NOT WRITE IN THIS SPACE

975002

2. Principal Place of Business

One SE Third Ave

Suite, Apt. #, etc.

2200

City & State Miami, FL

Zip 33131

Country

3. Mailing Address

JBC SJO#6061

Suite, Apt. #, etc.

Box 025240

City & State

Miami FL 33102

Zip

33102-5240

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Robert B Macaulay

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

One SE Third Ave

Suite 2200

City Miami

FL

Zip Code 33131

**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, 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)

☐

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 D, P, S
NAME Gustavo Echeverry
STREET ADDRESS One SE Third Ave, Ste 2200
CITY - ST - ZIP Miami, FL 33131

TITLE AS
NAME Robert B Macaulay
STREET ADDRESS One SE Third Ave, Ste 2200
CITY - ST - ZIP MIA

TITLE VP
NAME Federico Jenkins
STREET ADDRESS JBC. SJO # 6061 - Box 025240
CITY - ST - ZIP Miami, FL 33102-5240

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Federico Jenkins

08/15/2002

786-513-5926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)