ent By: BUQUEBUS FLORIDA; 9414610485;

03-07-2001 90629 001 ***300.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032550

1. Entity Name
BUQUEBUS (FLORIDA), INC.

FILED
01 MAR -7 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
201 GRINNELL STREET
KEY WEST FL 33040

Mailing Address
P.O. BOX 2192
FORT MYERS FL 33902

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0686937 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STONES, ADELE V
221 SIMONTON STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ 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, 2001: 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	DPS ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	LOPEZ MENA, JUAN CARLOS	NAME
STREET ADDRESS	221 SIMONTON STREET	STREET ADDRESS
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP
TITLE	DV ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	BARRAL, HUGO	NAME
STREET ADDRESS	221 SIMONTON STREET	STREET ADDRESS
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Title | Date
BARRAL H. G.

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