

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085958

1. Entity Name

HOWTZER CORPORATION

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90009 018 ***150.00

Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD
STE 650
CORAL GABLES FL 33134

P.O. BOX 144937
CORAL GABLES FL 33114-4937

LUU24100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 650

City & State

City & State
CORAL GABLES, FL

4. FEI Number

65-0702996

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

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

INGUANZO, OMAR C
2121 PONCE DE LEON BLVD
STE 650
MIAMI FL 33134

Name

SAME

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

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 PD ☐ Delete
NAME CARTAYA, G. H.
STREET ADDRESS 2121 PONCE DE LEON BLVD STE 650
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE CHAIRMAN ☒ Change ☐ Addition
NAME CARTAYA, G. H.
STREET ADDRESS 2121 PONCE DE LEON BLVD. STE 650
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SRVP ☐ Delete
NAME INGUANZO, OMAR C
STREET ADDRESS 2121 PONCE DE LEON BLVD STE 650
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SRVP ☐ Change ☐ Addition
NAME INGUANZO, OMAR C
STREET ADDRESS 2121 PONCE DE LEON BLVD. STE 650
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPS ☐ Delete
NAME CARTAYA, MCH
STREET ADDRESS 2121 PONCE DE LEON BLVD STE 650
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DIRECTOR ☒ Change ☐ Addition
NAME CARTAYA, MCH
STREET ADDRESS 2121 PONCE DE LEON BLVD. STE 650
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT & DIRECTOR ☐ Change ☒ Addition
NAME ROMNEY, HARRY
STREET ADDRESS 2121 PONCE DE LEON BLVD. STE 650
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP & TREASURER, DIRECTOR ☐ Change ☒ Addition
NAME HERNANDEZ, MARCELO
STREET ADDRESS 2121 PONCE DE LEON BLVD. STE 650
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP & DIRECTOR ☐ Change ☒ Addition
NAME CARTAYA, RINALDO J.
STREET ADDRESS 2121 PONCE DE LEON BLVD. STE 650
CITY-ST-ZIP CORAL GABLES, FL 33134

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SRVP

2/29/00 (805) 448-7531
Date Daytime Phone #

CR2E034 (9/99)