

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093773

1. Entity Name

UBIETA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90197 026 ***158.75

Principal Place of Business

Mailing Address

~~8051 NW 36TH ST., SUITE 600~~

~~MIAMI FL 33166-6627~~

~~US~~

~~8051 NW 36TH ST., SUITE 600~~

~~MIAMI FL 33166-2733~~

~~US~~

2. Principal Place of Business

8201 NW 66 STREET

3. Mailing Address

8201 NW 66 STREET

Suite, Apt. #, etc.

SUITE 3 & 4

Suite, Apt. #, etc.

SUITE 3 & 4

City & State

MIAMI, FL 33166

City & State

MIAMI, FL 33166

Zip
33166

Country

U. S. A.

Zip
33166

Country

U. S. A.

4. FEI Number

65-0706851

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UBIETA, GUILLERMO

~~8045 NORTH WEST 36TH STREET~~

~~SUITE NO. 525~~

~~MIAMI FL 33166~~

Name

UBIETA, GUILLERMO

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

8201 NW 66 STREET

SUITE 3 & 4

City

MIAMI

FL

Zip Code
33166

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.

UBIETA, GUILLERMO

01/11/00

(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) **XX**

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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	UBIETA, GUILLERMO	
STREET ADDRESS	8051 NW 36TH ST., SUITE 600	
CITY-ST-ZIP	MIAMI FL 33166-6627	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	UBIETA, GUILLERMO JR	
STREET ADDRESS	8051 NW 36TH ST., SUITE 600	
CITY-ST-ZIP	MIAMI FL 33166-6627	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UBIETA, GUILLERMO	
STREET ADDRESS	8201 NW 66 STREET #3&4	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	V S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UBIETA, JR., GUILLERMO	
STREET ADDRESS	8201 NW 66 STREET #3&4	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBIETA, GUILLERMO

11/01/00

(305) 597-4511

Date

Daytime Phone #

CR2E034 (9/99)