

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**  
 05-17-2000 90995 012 \*\*\*158.75

**DOCUMENT # P97000007527**

1. Entity Name  
**CORBI ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
~~7040 S.W. 53 LANE~~  
~~MIAMI FL 33155~~  
 US      ~~7040 S.W. 53 LANE~~  
~~MIAMI FL 33155-5632~~  
 US

2. Principal Place of Business      3. Mailing Address  
**3197 S.W. 111 AVE**      **P.O. BOX 652008**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI, FLA**      **MIAMI, FL.**  
 Zip      Zip  
**33165**      **33265-2008**  
 Country      Country  
**USA**

4. FEI Number      Applied For  
**65-0728896**      ☐ Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
☒ **Not Applicable**

6. Name and Address of Current Registered Agent  
**CORBAN, JOSE S**  
~~7040 S.W. 53 LANE~~  
~~MIAMI FL 33155~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3197 S.W. 111 AVE**  
 City      State      Zip Code  
**MIAMI**      **FL**      **33165**

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      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.      ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>D BICHACHI, MARGARITA</b>	<input type="checkbox"/>			
STREET ADDRESS	<b>9455 COLLINS AVENUE, SUITE 306</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>		CITY-ST-ZIP		
	<b>D CORBAN, JOSE S</b>	<input type="checkbox"/>			
STREET ADDRESS	<del>7040 S.W. 53 LANE</del>		STREET ADDRESS	<b>3197 S.W. 111 AVE.</b>	
CITY-ST-ZIP	<del>MIAMI FL 33155</del>		CITY-ST-ZIP	<b>MIAMI, FL. 33165</b>	
		<input type="checkbox"/>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: **X**      **04/28/00**      **(305) 207-0878**  
 Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/99)