

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90006 019 \*\*\*150.00

**DOCUMENT # P97000015415**

1. Entity Name

**UNIDESA U.S.A., INC.**

Principal Place of Business

500 NORTH DIXIE HWY  
BAY #2  
HOLLYWOOD FL 33020  
US

Mailing Address

500 NORTH DIXIE HWY  
BAY #2  
HOLLYWOOD FL 33020-7412  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0730185**

Applied For

Not Applicable

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

**BARTHET, PATRICK C**  
**200 S BISCAYNE BLVD, STE 1800**  
**SUITE 3000**  
**MIAMI FL 33131**

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

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          | <b>P</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>HERNANDEZ, MANUEL LAO</b>       |                                 |
| STREET ADDRESS | <b>CRTA CASTELLAR 298 TERRASSA</b> |                                 |
| CITY-ST-ZIP    | <b>BARCELONA SP</b>                |                                 |
| TITLE          | <b>C</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>BAQUEDANO, SANTIAGO</b>         |                                 |
| STREET ADDRESS | <b>CRTA CASTELLAR 298 TERRASSA</b> |                                 |
| CITY-ST-ZIP    | <b>BARCELONA SP</b>                |                                 |
| TITLE          | <b>VP</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>EDUARDO, ANTOJA</b>             |                                 |
| STREET ADDRESS | <b>CRTA CASTELLAR 298 TERRASSA</b> |                                 |
| CITY-ST-ZIP    | <b>BARCELONA SP</b>                |                                 |
| TITLE          | <b>T</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>SALAT, SEBASTIAN</b>            |                                 |
| STREET ADDRESS | <b>CTR CASTELLAR 298 TERRASSA</b>  |                                 |
| CITY-ST-ZIP    | <b>BARCELONA SP</b>                |                                 |
| TITLE          | <b>S</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>MENA, DAVID</b>                 |                                 |
| STREET ADDRESS | <b>500 N. DIXIE HWY., #2</b>       |                                 |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33020</b>          |                                 |
| TITLE          | <b>AS</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>MENA, DAVID</b>                 |                                 |
| STREET ADDRESS | <b>500 NORTH DIXIE HWY #2</b>      |                                 |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33020</b>          |                                 |

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          | <b>C</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Victor M. Barreira</b>          |  |
| STREET ADDRESS | <b>CRTA CASTELLAR 298 TERRASSA</b> |  |
| CITY-ST-ZIP    | <b>BARCELONA, Spain</b>            |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          | <b>Treasurer</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Gallego, Angel</b>              |  |
| STREET ADDRESS | <b>CTR CASTELLAR 298 TERRASSA</b>  |  |
| CITY-ST-ZIP    | <b>BARCELONA, Spain</b>            |  |
| TITLE          | <b>Sec</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Charles F. Harrison</b>         |  |
| STREET ADDRESS | <b>1833 E. 17 Street, #210</b>     |  |
| CITY-ST-ZIP    | <b>Santa Ana, CA 92705</b>         |  |
| TITLE          | <b>AS</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Martinez, Juan C.</b>           |  |
| STREET ADDRESS | <b>500 N. Dixie Highway #2</b>     |  |
| CITY-ST-ZIP    | <b>Hollywood, FL 33020</b>         |  |

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

**Juan C. Martinez**

Date

**4-28-00**

Daytime Phone #

**954-924-0181**

CR2E034 (9/99)