

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**  
 02-01-2002 90060 045 \*\*\*150.00

0205225 AV

**DOCUMENT # P97000025261**

1. Entity Name  
**IBERSIS CORPORATION**

Principal Place of Business

**8200 NW 52TR.  
 SUITE 301  
 MIAMI FL 33166  
 US**

Mailing Address

**7950 NW 53RD STREET  
 #205  
 MIAMI FL 33166  
 US**



2. Principal Place of Business

*1414 NW 107 Ave*

3. Mailing Address

*1414 NW 107 Ave*

Suite, Apt. #, etc.

*207*

Suite, Apt. #, etc.

*207*

City & State

*MIAMI, FL*

City & State

*MIAMI, FL*

4. FEI Number

**65-0738525**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ORTIZ, OLGA M.  
 IBERSIS CORPORATION  
 8200 NW 52 TR STE 301  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name *ORTIZ, OLGA M.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1414 NW 107 Ave SUITE 207*  
 City *MIAMI* FL Zip Code *33172*

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>IGNACIO DE ALVARO, JUAN</b>	
STREET ADDRESS	<b>7950 NW 53RD STREET STE # 205</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGNACIO DE ALVARO, JUAN</b>	
STREET ADDRESS	<b>1414 NW 107 Ave SUITE 207</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>	
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)(l), 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)