

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Entity Name

P97000034262

N.A.R. OF MIAMI, CORP.

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90169 032 \*\*\*150.00

Principal Place of Business

25 SE 2nd Ave.

Ste 201

Miami, FL 33131

Mailing Address

25 SE 2nd Ave.

Ste 201

Miami, FL 33131

Principal Place of Business

25 SE 2nd Ave.

Suite, Apt. #, etc.

STE 410

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

3. Mailing Address

25 SE 2nd Ave.

Suite, Apt. #, etc.

STE 410

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

4. FEI Number

65-0746554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VEGA, JOSE M  
25 S.E. 2ND AVENUE  
STE 410  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP  
DRI, NORBERTO  
MONROE 881  
BS. AS., ARGENTINA 10840

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

DS  
BARCELINI, FABIO  
RUA AUAI 92- SAO PAULO  
A-BR 03188

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

NORBERTO DRI (Pres.)

305-539-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)