

2001 UNIFORM BUSINESS REPORT (UBR)

3/8/0

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-08-2001 90057 044 ***150.00

DOCUMENT # P97000043380

1. Entity Name

CANUSMEX BROKERS INC.

Principal Place of Business

Mailing Address

1450 MADRUGA AVE.
STE 200
CORAL GABLES FL 33146
US

1450 MADRUGA AVE.
STE 200
CORAL GABLES FL 33146
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0755438

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEL CASTILLO, HECTOR
1450 MADRUGA AVE.
STE 200
CORAL GABLES FL 33146

Name **RODRIGO NAVAIRETE**

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

1450 MADRUGA AV # 200

City

COCONUT GROVE

FL

Zip Code

33146

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

FEB 21/2001

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, 2001 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 **D** ☒ Delete
NAME **DEL CASTILLO, MANUEL**
STREET ADDRESS **1450 MADRUGA AVE., STE 200**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **RODRIGO NAVAIRETE**
STREET ADDRESS **2655 COLLINS AV. 509**
CITY-ST-ZIP **MIAMI BEACH 33140**

TITLE **D** ☒ Delete
NAME **DEL CASTILLO, HECTOR**
STREET ADDRESS **1450 MADRUGA AVE., STE 200**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **VIVIAN MESONES**
STREET ADDRESS **10254 W. Bay Harbor Dr #4E**
CITY-ST-ZIP **BAL HARBOR**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MANAGER** ☐ Change ☒ Addition
NAME **RAUL BULLHOSSEN**
STREET ADDRESS **20191 EAST COUNTRY CLUB DRIVE APT 1604**
CITY-ST-ZIP **AGUSTON FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 21/2001

Date

305-661-4758

Daytime Phone #

CR2E034 (10/00)