

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048348

1. Entity Name
IBERIA ASSOCIATES INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90177 050 ***150.00

Principal Place of Business

Mailing Address

8160 S.W. 210 ST.
APT 107
MIAMI FL 33189

8160 S.W. 210 ST.
APT 107
MIAMI FL 33189-4029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11495 W FLAGLER

11495 W FLAGLER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 419

APT # 419

City & State

City & State

MIAMI FLORIDA

MIAMI FLORIDA

Zip

Country

Zip

Country

33174 U.S.A.

33174 U.S.A.

4. FEI Number

65-0757461

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

CAMBEYRO, FRANCISCO
8160 S.W. 210 ST
APT 229
MIAMI FL 33189

Name

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

11495 W FLAGLER
APT # 419

City

MIAMI

FL

Zip Code

33174

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	D	<input type="checkbox"/> Delete
NAME	CAMBEYRO, FRANCISCO J	
STREET ADDRESS	8160 S.W. 210 ST.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11495 W FLAGLER APT #419	
CITY-ST-ZIP	MIAMI FLORIDA 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Francisco J. Cambeyro 04/10/00 (305) 970-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #