

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90144 016 ***150.00

DOCUMENT # **P97000063635**

Entity Name
TEBISA FAUCETS U.S.A., INC.

651521



DO NOT WRITE IN THIS SPACE

Principal Place of Business NW 41ST ST #C FL 33166	Mailing Address 7500 NW 41ST ST #C MIAMI FL 33166-6739 US
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Principal Place of Business 8771 NW 99 St.	3. Mailing Address 8771 NW 99 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL
Zip 33178	Country
Zip 33178	Country

4. FEI Number 65-0783055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORT SANTOS, MIGUEL
11802 NW 12TH DRIVE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name **JUAN E. GUERRA**
 Street Address (P.O. Box Number is Not Acceptable)
11802 NW 12 DR.
CORAL SPRINGS FL
 City **FL** Zip Code **33071**

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 Juan E. Guerra **JUAN E. GUERRA, Y. PRES.** **4/21/2000**
Signature, typed or printed name of registered agent and title, 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.

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

TITLE D	<input type="checkbox"/> Delete
NAME TORT SANTOS, MIGUEL	
STREET ADDRESS LAUREA MIRO, 321 / 08980 SANT FELIU DE-LLOBREGAT, BARCELONA SPAIN	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME LLULL OSSO, ANTONIO	
STREET ADDRESS LAUREA MIRO, 321 / 08980 SANT FELIU DE-LLOBREGAT, BARCELONA SPAIN	
CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete
NAME JUAN QUERRA	
STREET ADDRESS 11802 NW 12TH DR	
CITY-ST-ZIP CORAL SPRGS FL 33071	
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 P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TORT SANTOS, MIGUEL	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUERRA, JUAN E.	
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)(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: Juan E. Guerra **JUAN E. GUERRA** **4/21/2000** **(305) 863-9117**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)