

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003506

1. Entity Name

AIMAR USA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90026 028 ***150.00

Principal Place of Business

Mailing Address

~~8431 NW 24TH ST.
MIAMI FL 33167~~

9111 NW 105TH WAY
MEDLEY FL 33178-1221

2. Principal Place of Business

3. Mailing Address

9111 N.W. 105TH WAY

9111 NW 105TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY, FLORIDA

City & State

MEDLEY, FLORIDA

Zip

33178

U.S.A.

Zip

33178

U.S.A.

4. FEI Number

65-0802302

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

CORDO, JOSE J
4100 SW 125 AVENUE
MIAMI FL 33175

Name

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

City

FL

Zip Code

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLAYA, PABLO M	
STREET ADDRESS	15352 SW 177TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLBIK, GOFFREDO R	
STREET ADDRESS	750 MIDDLE RIVER DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
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	D. VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE J. CORDO	
STREET ADDRESS	4100 SW 125TH AVE	
CITY-ST-ZIP	MIAMI, FL. 33175	
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)(f), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)