

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022903

1. Entity Name

CUBINCA INTERNATIONAL, INC.

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90036 036 ***150.00

Principal Place of Business

9115 S.W. 27TH STREET
MIAMI FL 33165

Mailing Address

9115 S.W. 27TH STREET
MIAMI FL 33165

2. Principal Place of Business

10271 S.W. 92nd Terrace
Suite, Apt. #, etc.

3. Mailing Address

10271 S.W. 92nd Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0818568

Applied For

Not Applicable

Zip

33176

Country

U.S.A.

Zip

33176

Country

U.S.A.

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

NIEBLA, JULIO C
9115 S.W. 27TH STREET
MIAMI FL 33165

Name

Niebla, Julio C.

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

10271 S.W. 92nd Terrace

City

Miami

FL

Zip Code

33176

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, 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 PD ☒ Delete
NAME NIEBLA, JULIO
STREET ADDRESS 9115 S.W. 27TH STREET
CITY-ST-ZIP MIAMI FL 33165

TITLE PD ☒ Change ☐ Addition
NAME Niebla, Julio
STREET ADDRESS 10271 S.W. 92nd Terrace
CITY-ST-ZIP Miami, FL 33176

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
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)