

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90171 001 ***150.00

0219470

DOCUMENT # P9800003Q300

1. Entity Name
CLASE A&R USA, INC.

Principal Place of Business Mailing Address

C0047050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6300 SW 151 PLACE**
 Suite, Apt. #, etc.

3. Mailing Address **6300 SW 151 PLACE**
 Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State
MIAMI FL.

4. FEI Number **65-0828915**

Applied For
 Not Applicable

Zip
33193

Country

Zip
33193

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

TAVARES, GEORGE M JR, ESQ
407 LINCOLN ROAD
STE 708
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)

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 NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, JORGE DIAGONAL 150, #32-40, SANTA FE DE BOGOTA D.C., COLOMBIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, SADY DIAGONAL 150, #32-40, SANTA FE DE BOGOTA D.C., COLOMBIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sady Ramirez **SADY RAMIREZ** **4-11-2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)