

1. Entity Name

UMB CORPORATION

Principal Place of Business

Mailing Address

13408 BISCAYNE BLVD.
NORTH MIAMI FL 3318113408 BISCAYNE BLVD.
NORTH MIAMI FL 33181-2019

00069981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite Apt # etc

City & State

City & State

4. FEI Number

65-0830456

Applied For

Not Applicable

Zip

Country

Zip

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

BUSTOS, URSULA
13408 BISCAYNE BLVD.
NORTH MIAMI FL 33181

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 filer if applicable

(NOTE: Registered Agent Signature required when re-registering)

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 State10. 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

FILE NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
D BUSTOS, URSULA	5180 N.W. 113 PLACE	MIAMI FL 33178	☐ Delete	☐ Change ☐ Addition	
D BUSTOS, MARIO R	5180 N.W. 113 PLACE	MIAMI FL 33178	☐ Delete	☐ Change ☐ Addition	
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		

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

Signature or Printer #

4/15/00

305
947-6339

