

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050790

1. Entity Name\*

HOWTZER INTERNATIONAL CORP.

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90025 027 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business<br>2121 PONCE DE LEON BLVD STE 650<br>CORAL GABLES FL 33134 | Mailing Address<br>2121 PONCE DE LEON BLVD STE 650<br>CORAL GABLES FL 33134 |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



623174

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0842195</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGUANZO, OMAR C  
2121 PONCE DE LEON BLVD  
STE 650  
CORAL GABLES FL 33134

|  |
|--|
| 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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>CARTAYA, G H<br>P O BOX 1442397 N/A<br>CORAL GABLES FL 33134 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CONSULTANT<br>CARTAYA, G H<br>P O BOX 1442397 N/A<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>INGUANZO, OMAR C<br>P O BOX 1442397 N/A<br>CORAL GABLES FL 33134 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>INGUANZO, OMAR C.<br>P. O. BOX 1442397 N/A<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARTAYA, M C<br>2121 PONCE DE LEON BLVD STE. 650<br>MIAMI FL 33134-5222 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>CARTAYA, M C<br>P O BOX 1442397 N/A<br>CORAL GABLES FL 33134 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARTAYA, G H<br>2121 PONCE DE LEON BLVD. STE 650<br>MIAMI FL 33134-5222 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>MARCELO C. HERNANDEZ<br>2121 PONCE DE LEON BLVD. STE 650<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROMNEY, HARRY<br>2121 PONCE DE LEON BLVD. STE 650<br>MIAMI FL 33134-5222 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>RINALDO J. CARTAYA<br>2121 PONCE DE LEON BLVD. STE 650<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" 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: \_\_\_\_\_ O.C. INGUANZO 2/9/01 (305) 448-7531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)