

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98600068813

1. Entity Name

Recco International Corporation.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90110 001 ***150.00

Principal Place of Business

Mailing Address

501 Brickell Key Dr
407
Miami FL 33131

2. Principal Place of Business

3. Mailing Address

7220 NW 36 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

635

City & State

City & State

Miami Florida

Zip

Country

Zip

Country

33166

USA

4. FEI Number

05-0902299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

AG053618

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Vasquez Gerardo A.
501 Brickell Key Dr # 407
Miami FL 33131

Name

Hernan Ospina

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

7220 NW 36 St # 635

City

Miami

FL

Zip Code

33166

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, 2000 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 ☒ Delete
NAME Secretary
STREET ADDRESS Vasquez Gerardo
CITY-ST-ZIP 501 Brickell Key Dr # 407
Miami FL 33131

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS Ospina Hernan
CITY-ST-ZIP 7220 NW 36 St # 635
Miami FL 33166

TITLE ☐ Delete
NAME PD
STREET ADDRESS Ospina Hernan
CITY-ST-ZIP 501 Brickell Key Dr # 407
Miami FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 (9/99)