

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071715

1. Entity Name

COMBRIDGE USA, INCORPORATED

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90030 009 \*\*\*158.75

00080942

DO NOT WRITE IN THIS SPACE

Principal Place of Business

848 BRICKELL AVENUE  
SUITE 1120  
MIAMI, FL., 33131

Mailing Address

848 BRICKELL AVENUE  
SUITE 1120  
MIAMI, FL., 33131

2. Principal Place of Business

**SAME ABOVE**  
Suite, Apt. #, etc.

3. Mailing Address

**SAME ABOVE**  
Suite, Apt. #, etc.

City & State

Zip

Country  
U.S.

City & State

Zip

Country

4. FEI Number

65- 0969551

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ZURITA, CECILIA  
1642 BRICKELL AVENUE  
MIAMI, FL., 33129

7. Name and Address of New Registered Agent

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, 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
CECILIA ZURITA  
848 BRICKELL AVENUE, SUITE 1120  
MIAMI, FL., 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Cecilia Zurita

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/21/00

Date

(305) 858-6700

Daytime Phone #

CR2E034 (9/99)

Attachment Doc #  
P98000071715  
DU080942  
**ComBridge & MC**  
848 Brickell Ave Suite 1120  
Miami FL 33131

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL., 32314

To Whom It May Concern:

Please be advised that today I received Uniform Business Report Application 2000 and I filled it out in order to report to us.

We would like for you to please re-consider our application and please qualify us for this year. We would appreciate any assistance or direction you can provide us with regarding this matter.

Should you need any additional information, please contact me at (305) 858-6700, extension 216.

Sincerely yours,



Xiomara Florez  
Assistant Comptroller

08/22/00