

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90088 008 ***158.75

DOCUMENT # P98000071715

1. Entity Name
COMBRIDGE USA, INC.

Principal Place of Business
21 S.E. 1ST AVENUE, 5TH FLOOR
MIAMI FL 33131

Mailing Address
21 S.E. 1ST AVENUE, 5TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
1642 BRICKELL AVENUE

3. Mailing Address
P.O. BOX 110305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33129

Country

Zip
33111

Country

4. FEI Number
65-0969557

Applied For
 Not Applicable

5. Certificate of Status Desired **XX** **\$8.75** Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZURITA, CECILIA
1642 BRICKELL AVENUE
MIAMI FL 33129

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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 **P** ☐ Delete
 NAME **ZURITA, CECILIA**
 STREET ADDRESS **21 S.E. 1ST AVENUE, 5TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **P** ☐ Change ☐ Addition
 NAME **ZURITA, CECILIA**
 STREET ADDRESS **1642 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI, FLORIDA, 33129**

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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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

03/13/02 305-321-7070

Date Daytime Phone #

CR2E034 (9/01)