

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90055 005 \*\*\*150.00

**DOCUMENT** P98000080823

1. Entity Name

TEPUY USA CORPORATION

Principal Place of Business

901 PONCE DE LEON BLVD.  
 SUITE 603  
 CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD.  
 SUITE 603  
 CORAL GABLES FL 33134

2. Principal Place of Business

2745 Ponce de Leon Blvd  
 Suite, Apt. #, etc.

3. Mailing Address

2745 Ponce de Leon Blvd  
 Suite, Apt. #, etc.

City & State

Coral Gables 33134 FL

City & State

Coral Gables 33134 FL

Zip

Country

33134

USA

Zip

Country

33134

USA

4. FEI Number

Applied For

Not Applicable

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

ALBORNOZ, WILLIAM H ESQ.  
 901 PONCE DE LEON BLVD.  
 SUITE 603  
 CORAL GABLES FL 33134

Name

MARCOS SANTANA

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

2745 Ponce de Leon Blvd

City

Coral Gables

FL

Zip Code

33134

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, 2001 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 D ☒ Delete  
 NAME  
 STREET ADDRESS C/O 901 PONCE DE LEON BLVD., SUITE 603  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PRESIDENT ☐ Change ☒ Addition  
 NAME MARCOS SANTANA  
 STREET ADDRESS 2745 PONCE DE LEON BLVD  
 CITY-ST-ZIP CORAL GABLES 33134

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/01 305 774 0033