

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

S.B. COURIER

Principal Place of Business

Mailing Address

2650 S.W. 27 AVE  
MIAMI FL 33133

2650 SW 27  
AVENUE MIAMI FL  
33133

2. Principal Place of Business

SUITE # 304

Suite, Apt. #, etc.

MIAMI FLORIDA

City & State

33133

Zip

Country

3. Mailing Address

SUITE # 304

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MAGDA MONTIEL DAVIS  
2650 SW 27 AVE  
MIAMI FLA, 33133

7. Name and Address of New Registered Agent

Name MAGDA MONTIEL DAVIS

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

MIAMI

City

FL

Zip Code

33133

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 MAGDA MONTIEL DAVIS

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 MAGDA MONTIEL DAVIS

STREET ADDRESS 2650 SW 27 AVE ROOM #304

CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete

NAME JOSE R. MONTIEL

STREET ADDRESS VICE PRESIDENT

CITY-ST-ZIP 601 SOUTH SHORE DR.

MIAMI BEACH FL 33134

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

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 #

FILED  
Jun 07, 2000 8:00 am  
Secretary of State

06-07-2000 90004 024 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0868386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

CR2E034 (9/99)

5-10-00