

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90020 001 \*2,200.00

**DOCUMENT # P98000087187**  
**1. Entity Name**  
**MIAMI FORFAITING COMPANY**

**Principal Place of Business**      **Mailing Address**  
**2121 SW THIRD AVENUE**      **2121 SW THIRD AVENUE**  
**MIAMI FL 33129**      **MIAMI FL 33129**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number**      **65-0876376**      **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**

**ROSSEL, GUILLERMO**  
**2121 SW THIRD AVENUE**  
**MIAMI FL 33129**

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>VALDES, ALBERTO</b>	
STREET ADDRESS	<b>2121 SW THIRD AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PRESLAMO, ALBA</b>	
STREET ADDRESS	<b>2121 SW 3 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSSEL, GUILLERMO</b>	
STREET ADDRESS	<b>2121 SW 3 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      Daytime Phone #

0049352

CR2E034 (5/01)



DO NOT WRITE IN THIS SPACE

