

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093134

1. Entity Name

EDITORIAL LIBRUSA CORP.

Principal Place of Business

Mailing Address

2050 WEST 56 STREET, STORE #8  
HIALEAH FL 33016

2050 WEST 56 STREET, STORE #8  
HIALEAH FL 33016

2. Principal Place of Business

10201 Hammocks Blvd.

3. Mailing Address

10201 Hammocks Blvd.

Suite, Apt. #, etc.

Suite 153-411

Suite, Apt. #, etc.

Suite 153-411

City & State

Miami FL

City & State

Miami FL

Zip

33196

Country

USA

Zip

33196

Country

USA

4. FEI Number

65-0830115

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

GRILLE, NELSON

2050 WEST 56 STREET, STORE #8  
HIALEAH FL 33016

Name

Jose Carvajal

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

10201 Hammocks Blvd. Suite 153-411  
City Miami FL Zip Code 33196

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 state 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME GRILLE, NELSON  
STREET ADDRESS 2050 WEST 56 STREET, STORE #8  
CITY-ST-ZIP HIALEAH FL 33016

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

TITLE D ☐ Delete  
NAME CARBAJAL, JOSE  
STREET ADDRESS 2050 WEST 56 STREET, STORE #8  
CITY-ST-ZIP HIALEAH FL 33016

TITLE President ☒ Change ☐ Addition  
NAME Jose Carvajal  
STREET ADDRESS 10201 Hammocks Blvd. Suite 153-411  
CITY-ST-ZIP Miami Florida 33196

TITLE ☐ Delete  
NAME Maritza Carvajal  
STREET ADDRESS 10201 Hammocks Blvd.  
CITY-ST-ZIP Suite 153-411, Miami FL 33196

TITLE Secretary ☐ Change ☒ Addition  
NAME Maritza Carvajal  
STREET ADDRESS 10201 Hammocks Blvd. Suite 153-411  
CITY-ST-ZIP Miami FL 33196

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

4-28-00

Date

305-386-5984

Daytime Phone #

FILED  
Jun 29, 2000 8:00 am  
Secretary of State

05-24-2000 90086 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE