

2000 UNIFORM BUSINESS REPORT (UBR)

6/9/00-

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

06-09-2000 90024 016 ***150.00

DOCUMENT # P99000012567

Entity Name
FUNDILUSA, INC

A

Principal Place of Business

8375 N.W. 56 STREET
 MIAMI FL 33166

Mailing Address

8375 N.W. 56 STREET
 MIAMI FL 33166-4019

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

65-0897158

4. FPEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARR, DANIEL A
8220 STATE RD 84 #200
DAVIE FL 33324

7. Name and Address of New Registered Agent

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 renewing)

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	PD	☐ Delete
NAME	AGUILERA, PEDRO G	
STREET ADDRESS	8375 N.W. 56 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPO	☐ Delete
NAME	GONZALES ABAL, PABLO A	
STREET ADDRESS	8375 N.W. 56 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	STD	☐ Delete
NAME	BARR, DANIEL A	
STREET ADDRESS	8375 N.W. 56 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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:

Pedro G. Aguilera **PEDRO G. AGUILERA** 305.592.7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/30/00* Daytime Phone #

CR2E034 (9/99)