

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019921

1. Entity Name

IBERO-AMERICAN INTERACTIVE NETWORKS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90128 008 ***150.00

Principal Place of Business

197 LEUCADENDRA DRIVE
CORAL GABLES FL 33156

Mailing Address

197 LEUCADENDRA DRIVE
CORAL GABLES FL 33156-2370

2. Principal Place of Business

2121 PONCE DE LEON BLVD.

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

1220

Suite, Apt. #, etc.

1220

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0966132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, RAFAEL URBING
197 LEUCADENDRA DRIVE
CORAL GABLES FL 33156

7. Name and Address of New Registered Agent

Name **RODOLFO TANCREDI**

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

2121 PONCE DE LEON BLVD #1220

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 officer if applicable.

RODOLFO TANCREDI

1/19/00

(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 **D** ☒ Delete
NAME **QUINTERO, RAFAEL URBINA**
STREET ADDRESS **197 LEUCADENDRA DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **RAFAEL URBINA Q** ☐ Change ☐ Addition
NAME **PRESIDENT/DIRECTOR**
STREET ADDRESS **2121 PONCE DE LEON BLVD.**
CITY-ST-ZIP **#1220 CORAL GABLES, FL 331**

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

TITLE ☐ Change ☐ Addition
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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

RAFAEL URBINA

Date

Daytime Phone #

1/19/00
305-476-2979

CF 034 (9/99)