

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90219 003 \*\*\*158.75

**DOCUMENT # P99000062345**

1. Entity Name

**CORPERUSA INC.**

Principal Place of Business

**8342 SW 8 STREET  
 MIAMI FL 33144**

Mailing Address

**8342 SW 8 STREET  
 MIAMI FL 33144**

2. Principal Place of Business

**16007 SW 155 Ave**  
 Suite, Apt. #, etc.

3. Mailing Address

**16007 SW 155 Ave**  
 Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FLA**

4. FEI Number

**65-0933438**

Applied For

Not Applicable

Zip

Country

**33187**

Zip

Country

**33187**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BARANDIARAN, RODOLFO  
 8342 SW 8 STREET  
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name

**FERNANDO FERRARONE**

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

**16007 SW 155 Ave**

City

**MIAMI**

Zip Code

**33187**

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]*

**FERNANDO FERRARONE**

**4-17-01**

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>BAUTISTA, JORGE</b><br><b>1250 NE 211 STREET</b><br><b>NORTH MIAMI BEACH FL 33179</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>MEJIA, PIEDAD</b><br><b>8342 SW 8 STREET</b><br><b>MIAMI FL 33144</b>                 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>BARANDIARAN, RODOLFO</b><br><b>1805 SAN SOVI BLV APT 423</b><br><b>MIAMI FL 33181</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>FERRARONE FERNANDO</b><br><b>16007 SW 155 AVE</b><br><b>MIAMI FLA 33187</b>                       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305 258 8122**  
**4/17/01**

CR2E034 (10/00)