

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065035

1. Entity Name

CHURROMANIA INTERNATIONAL CORP.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90070 001 *2,250.00

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DRIVE, STE. 703
MIAMI FL 33133

2665 S. BAYSHORE DRIVE, STE. 703
MIAMI FL 33133-5401

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

05-0955487

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

WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DRIVE, STE. 703
MIAMI FL 33133

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 \$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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/D
STREET ADDRESS	Ariel Acosta Rubio
CITY-ST-ZIP	2665 S. Bayshore Drive #703 Miami, Florida 33133
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/T
STREET ADDRESS	Maria Alejandra Bravo
CITY-ST-ZIP	2665 S. Bayshore Drive #703 Miami, Florida 33133
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/S
STREET ADDRESS	Miguel Bravo
CITY-ST-ZIP	2665 S. Bayshore Drive #703 Miami, FL 33133
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS
STREET ADDRESS	Timothy D. Richards
CITY-ST-ZIP	2665 S. Bayshore Drive #703 Miami, FL 33133
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 all addresses, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ariel Acosta Rubio

Date

Daytime Phone #

4-3-00 (305) 858-7400