

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078855

1. Entity Name  
CENTRO INTEGRAL POMARE, INC.

Principal Place of Business  
28 WEST FLAGLER STREET  
11TH FLOOR  
MIAMI FL 33130

Mailing Address  
28 WEST FLAGLER STREET  
11TH FLOOR  
MIAMI FL 33130

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 65-0947721

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

SNYDER, LESLIE I ESQ.  
28 WEST FLAGLER STREET  
11TH FLOOR  
MIAMI FL 33130

Name VICTOR A. CAREAGA, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
2151 LeJeune Road, Ste. #200  
Suite 200  
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 *Victor A. Careaga* VICTOR A. CAREAGA, ESQ.

2/2/01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME FROIZ, JOSE L  
STREET ADDRESS AVENIDA LUIS ROCHE EDF. SANTA CLARA P.B.  
CITY-ST-ZIP CARACAS VENEZUELA

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

TITLE V ☐ Delete  
NAME SABATE, JOAQUIN  
STREET ADDRESS AVENIDA LUIS ROCHE EDF. SANTA CLARA P.B.  
CITY-ST-ZIP CARACAS VENEZUELA

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

TITLE ST ☒ Delete  
NAME RESTREPO, MARITZA  
STREET ADDRESS AVENIDA LUIS ROCHE EDF. SANTA CLARA P.B.  
CITY-ST-ZIP CARACAS VENEZUELA

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

TITLE ☐ Delete  
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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: *JOSE LUIS GARCIA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR/22/01

Date

305  
598 3088

Daytime Phone #

CR2E034 (10/00)