

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079296

1. Entity Name

THE OTHER BRIDGE USA INC.

Principal Place of Business

C/O SAEZ LEON URDANETA CALZADILLA. ET AL
888 BRICKELL AVE., 5TH FLOOR
MIAMI FL 33131

Mailing Address

C/O SAEZ LEON URDANETA CALZADILLA. ET AL
888 BRICKELL AVE., 5TH FLOOR
MIAMI FL 33131-2913

2. Principal Place of Business

12540 N.W. 20th Street

3. Mailing Address

12540 N.W. 20th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

Country

33028

Zip

Country

33028

4. FEI Number

65-0955752

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

URDANETA, JUAN V
888 BRICKELL AVE., 5TH FLOOR
MIAMI FL 33131

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
NAME
D
URRIBARRI, JESUS
STREET ADDRESS
888 BRICKELL AVE., 5TH FLOOR
CITY-ST-ZIP
MIAMI FL 33131

☐ Delete

TITLE
NAME
12540 N.W. 20th Street
STREET ADDRESS
CITY-ST-ZIP
Pembroke Pines, FL 33028

☒ Change ☐ Addition

TITLE
NAME
D
PAZ DE URRIBARRI, MAGLENY
STREET ADDRESS
888 BRICKELL AVE., 5TH FLOOR
CITY-ST-ZIP
MIAMI FL 33131

☐ Delete

TITLE
NAME
12540 N.W. 20th Street
STREET ADDRESS
CITY-ST-ZIP
Pembroke Pines, FL 33028

☒ Change ☐ Addition

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☐ Change ☐ 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

040013



DO NOT WRITE IN THIS SPACE

CR2E034 19/99