

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90061 032 \*\*\*150.00

**DOCUMENT # P99000079296**

1. Entity Name  
**THE OTHER BRIDGE USA INC.**

Principal Place of Business      Mailing Address  
~~C/O SAEZ LEON URDANETA GALZADILLA ET AL~~      ~~C/O SAEZ LEON URDANETA GALZADILLA ET AL~~  
**12540 NW 20 STREET**      **12540 NW 20 STREET**  
**PEMBOKE PINES FL 33208**      **PEMBOKE PINES FL 33208**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

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  
~~URDANETA, JUAN V~~  
~~889 BRICKELL AVE., 5TH FLOOR~~  
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent  
 Name **JOSE G. TOVAR**  
 Street Address (P.O. Box Number is Not Acceptable) **TOVAR & COMPANY, P.A.**  
**9900 STIRLING ROAD, 2ND Floor**  
 City **Hollywood**      FL      Zip **33024**

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]* **JOSE G. TOVAR**      DATE **15 MAR 01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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		<input type="checkbox"/> Delete
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>URRIBARRI, JESUS</b>	
STREET ADDRESS	<b>12540 NW 20 STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAZ DE URRIBARRI, MAGLENY</b>	
STREET ADDRESS	<b>12540 NW 20TH STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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			
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 supplement 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]* **DIRECTOR/PRESIDENT**      Date **15 MAR 01**  
 SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (10/00)