

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095636

1. Entity Name

EFERMAN INTERNATIONAL, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90003 038 ***150.00

Principal Place of Business

8303 SW 144 CT
MIAMI FL 33183
US

Mailing Address

8303 SW 144 CT
MIAMI FL 33183
US

2. Principal Place of Business

8303 SW 144 CT

Suite, Apt. #, etc.

3. Mailing Address

8303 SW 144 CT

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33183

Country

U.S.

Zip

33183

Country

U.S.

4. FEI Number

65-0958556

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

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, 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 PD ☐ Delete
NAME MANTILLA, EDGAR FERNANDO
STREET ADDRESS 8303 SW 144 COURT
CITY-ST-ZIP MIAMI FL 33183

TITLE VSTD ☐ Delete
NAME MANTILLA, RAQUEL P
STREET ADDRESS 8303 SW 144 COURT
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edgar Mantilla

Date

04/13/01 (305) 382-6667

Daytime Phone #

CR2E034 (10/00)