

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90266 031 ***150.00

DOCUMENT # P99000098065

1. Entity Name
CEXPROM USA, CORP.

Principal Place of Business

**300 ARAGON AVENUE
SUITE 300
CORAL GABLES FL 33134**

Mailing Address

**300 ARAGON AVENUE
SUITE 300
CORAL GABLES FL 33134-5040**

60006570



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10856 NW 27th St
Suite, Apt. #, etc.

3. Mailing Address

10856 NW 27th St
Suite, Apt. #, etc.

City & State
Miami, Fla

Zip
33172 Country
USA

City & State
Miami - Fla

Zip
33172 Country
USA

4. FFL Number
65-0959527

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, EDUARDO
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131**

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TRESPALACIOS, OSCAR	
STREET ADDRESS	300 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	UGHETTI, CARLOS MARIO	
STREET ADDRESS	300 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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

TITLE	Pres, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRESPALACIOS OSCAR	
STREET ADDRESS	10856 NW 27th Street	
CITY-ST-ZIP	MIAMI FLA 33172	
TITLE	Director, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ughetti, Carlos MARIO	
STREET ADDRESS	10856 NW 27th Street	
CITY-ST-ZIP	Miami FLA 33172	
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		

CR2E034 (9/99)

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. 1-14-2000 305-513-8688