

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101430

1. Entity Name

ONA SOUTH BEACH CORPORATION

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90109 043 ***150.00

Principal Place of Business

718 LINCOLN ROAD
MIAMI BEACH FL 33139

Mailing Address

718 LINCOLN ROAD
MIAMI BEACH FL 33139-2814

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

65-0962578

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

ARRIAGA, HERNAN
7545 E. TREASURY DR. #10-K
MIAMI FL 33141

Name **DALVA, ALBERTO**

Street Address (P.O. Box Number is Not Acceptable)

718 LINCOLN ROAD

City **MIAMI BEACH**

FL

Zip Code **33139**

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	D	<input checked="" type="checkbox"/> Delete
NAME	ARRIAGA, HERNAN	
STREET ADDRESS	7545 E. TREASURY DR., #10-K	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBRADOR, MIGUEL ANGEL	
STREET ADDRESS	718 LINCOLN ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALVA, ALBERTO	
STREET ADDRESS	718 LINCOLN ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONINO, DIANA	
STREET ADDRESS	718 LINCOLN ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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"/> 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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALVA, ALBERTO	
STREET ADDRESS	718 LINCOLN ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEJANDRO FABIAN KANKA	
STREET ADDRESS	AVENIDA ALVEAR 1678, 98	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	
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 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

3-29-00

Date

(786) 512-3301

Daytime Phone #

CR2E034 (9/99)