

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90028 016 \*\*\*150.00

DOCUMENT # **S 21868 (2)**

1. Entity Name

**Finanpro Florida, Inc.**

Principal Place of Business

**San Jose**  
**Costa Rica, C.A.**

Mailing Address

**Apartado 159**  
**Escazu 1250**  
**Costa Rica, Cent. Am**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Apartado 159**

City & State

**San Jose**

City & State

**Escazu 1250**

4. FEI Number

**98015209**

Applied For

Not Applicable

Zip

Country

**Costa Rica**

Zip

Country

**Costa Rica**

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

**Robert G. Schrader**  
**5200 Blue Lagoon Dr Suite 600**  
**Miami, FL 33126**

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 ☐ Delete  
NAME **P/P**  
STREET ADDRESS **Luis Montecinos**  
CITY-ST-ZIP **Apartado 159**  
**Escazu 1250, Costa Rica**

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

TITLE ☐ Delete  
NAME **D/V**  
STREET ADDRESS **Olga Montecinos**  
CITY-ST-ZIP **Apartado 159**  
**Escazu 1250, Costa Rica**

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

TITLE ☐ Delete  
NAME **D/S**  
STREET ADDRESS **David G Housman**  
CITY-ST-ZIP **6824 Los Trechos Ct NE**  
**Albuquerque, NM 87109-2700**

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

TITLE ☐ Delete  
NAME **Robert G. Schrader**  
STREET ADDRESS **5200 Blue Lagoon Dr Suite 600**  
CITY-ST-ZIP **Miami FL 33126**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LUIS MONTECINOS**

Date

Daytime Phone #

**1 MAR 2001**

**CR506-228-1960**

CR2E034 (11/00)