

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41437

1. Entity Name

RETAMA USA, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90034 017 ***150.00

Principal Place of Business

Mailing Address

GRAPE TREE 600
MAR AZUL 5A NORTH
KEY BISCAVNE FL 33149
US

701 BRICKELL AVENUE
SUITE 1600 (RFH)
MIAMI FL 33131-2852
US

2. Principal Place of Business

3. Mailing Address

1200 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19th Floor

City & State

City & State

Miami, Florida

Zip

Country

Zip

33131

Country

USA

4. FEI Number

65-0339102

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

HUDSON, ROBERT F., JR.

~~701 BRICKELL AVE~~

~~SUITE 1600~~

~~MIAMI FL 33131-2852~~

1200 Brickell Ave.

19th Floor

Miami, FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CUSTER, CAROLINE H
STREET ADDRESS GRAPE TREE 600, MAR AZUL 5A NORTH
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE S ☐ Delete
NAME VEATER, CLAIRE W.
STREET ADDRESS 10453 SW 114 ST.
CITY-ST-ZIP MIAMI FL

TITLE AS ☐ Delete
NAME HUDSON, ROBERT F JR
STREET ADDRESS ~~701 BRICKELL AVE, STE 1600~~ 1200 Brickell Ave
CITY-ST-ZIP ~~MIAMI FL 33131~~ 19th Floor, Miami

TITLE ☐ Delete
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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:

Claire W. Veater (Claire W. Veater)

1/26/00

305-230-3908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #