

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44527

1. Entity Name

Kubwa Corp.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90004 030 ***150.00

Principal Place of Business
9400 Old Cutler Lane
Coral Gables, FL 33156

Mailing Address
9400 Old Cutler Lane
Coral Gables, FL 33156

2. Principal Place of Business
100 S.E. 2nd Street

3. Mailing Address
100 S.E. 2nd Street

Suite, Apt. #, etc.
Suite 4000

Suite, Apt. #, etc.
Suite 4000

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
65-0338902

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Richard Gutman
100 S.E. 2nd Street, Suite 4000
Miami, FL 33131

7. Name and Address of New Registered Agent

Name Ignacio G. del Valle

Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street

Suite 4000

City Miami

FL Zip Code
33131

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

Ignacio G. del Valle *Ignacio G. del Valle* *4/27/00*

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 PD
NAME Del Rosal Jorge Luis Sr.
STREET ADDRESS 9400 Old Cutler Lane
CITY-ST-ZIP Coral Gables, FL 33156 ☐ Delete

TITLE VPTD
NAME Del Rosal Jorge Luis Jr.
STREET ADDRESS 9400 Old Cutler Road
CITY-ST-ZIP Coral Gables, FL 33156 ☐ Delete

TITLE VPSD
NAME Frederick Wilson
STREET ADDRESS 9400 Old Cutler Road
CITY-ST-ZIP Coral Gables, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 100 S.E. 2nd Street, Suite 4000
CITY-ST-ZIP Miami, FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 100 S.E. 2nd Street
CITY-ST-ZIP Miami, FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 100 S.E. 2nd Street
CITY-ST-ZIP Miami, FL 33131 ☒ Change ☐ Addition

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

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

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

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 #

Frederick Wilson

4/28/00 *305-573-8600*