

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90232 037 \*\*\*150.00

**DOCUMENT # V44527**

1. Entity Name  
**KUBWA CORP.**

Principal Place of Business

**100 SE 2ND STREET  
 SUITE 4000  
 MIAMI FL 33131  
 US**

Mailing Address

**100 SE 2ND STREET  
 SUITE 4000  
 MIAMI FL 33131  
 US**

2. Principal Place of Business

**201 S. Biscayne Blvd  
 Suite, Apt. #, etc.  
 34th Floor - Miami Center**

3. Mailing Address

**201 S. Biscayne Blvd  
 Suite, Apt. #, etc.  
 34th Floor - Miami Center**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

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

**DEL VALLE, IGNACIO G  
 100 S.E. 2ND ST.  
 SUITE 4000  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**Ignacio G. Del Valle, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 S. Biscayne Blvd.  
 34th Floor - Miami Center  
 City, State, Zip Code  
 Miami, FL 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

*Ignacio G. Del Valle*

**4/9/02**

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, 2002 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 SR, JORGE LUIS**  
 STREET ADDRESS  
**100 SE 2ND STREET, STE 4000**  
 CITY-ST-ZIP  
**MIAMI FL 33131** ☐ Delete

TITLE  
**VPTD**  
 NAME  
**DEL ROSAL JR, JORGE LUIS**  
 STREET ADDRESS  
**100 SE 2ND STREET**  
 CITY-ST-ZIP  
**MIAMI FL 33131** ☐ Delete

TITLE  
**VPS**  
 NAME  
**WILSON, FREDERICK**  
 STREET ADDRESS  
**100 SE 2ND STREET**  
 CITY-ST-ZIP  
**MIAMI FL 33131** ☐ 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  
 CITY-ST-ZIP ☒ Change ☐ Addition  
**201 S. Biscayne Blvd., Ste. 3400  
 Miami Center  
 Miami, Florida 33131**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition  
**201 S. Biscayne Blvd., Suite 3400  
 Miami Center  
 Miami, Florida 33131**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition  
**201 S. Biscayne Blvd., Suite 3400  
 Miami Center  
 Miami, Florida 33131**

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:

*Ignacio G. Del Valle*  
**VICE PRESIDENT**

**4/15/02**

**3055738511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)