

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# P98000074155

1. Entity Name

CUMBRES REP. CORP.

FILED

03 APR 25 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

APDO. 335-1000

3. Mailing Address

11812 S.W. 103 LN

4. Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SAN JOSE

City & State

MIAMI, FL

4. FEI Number

98-095827

Applied For

Not Applicable

Zip

Country

COSTA RICA

Zip

33186

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GILBERTO MORALES

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

11812 S.W. 103 LANE

City

MIAMI

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
(P) EDUARDO YELESIAS
AVE 6 CALLES 13 Y 15 NO. 1342
SAN JOSE, COSTA RICA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(ST) WILLIAM D. FISTER III
17061 SW 142 PLACE
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(D) GILBERTO MORALES
11812 SW 103 LN
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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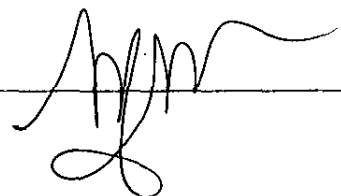
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200018453282
05/07/03--01064--021 **150.00

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IN THIS SPACE**



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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

Daytime Phone #