# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 05, 2003 8:00 am**
**Secretary of State**
09-05-2003 90112 021 ***550.00

004027 AV

DOCUMENT # F00000001528

1. Entity Name
PLANETA NETWORKS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2121 PONCE DE LEON BLVD.. SUITE 1220<br>CORAL GABLES FL 33134 | 2121 PONCE DE LEON BLVD.. SUITE 1220<br>CORAL GABLES FL 33134 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0966132 ☐ 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 |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $550.00**
**After September 10, 2003 Fee will be $750.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PVD<br>QUINTERO, RAFAEL U<br>2121 PONCE DE LEON BLVD., SUITE 1220<br>CORAL GABLES FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>LUIS PERAZA<br>1 ALHAMBRA PLAZA, PENTHOUSE<br>CORAL GABLES, FL 33134 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>TANCREDI, RODOLFO<br>2121 PONCE DE LEON BLVD., SUITE 1220<br>CORAL GABLES FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>MARCOS SANTANA<br>2121 PONCE DE LEON BLVD. #1220<br>CORAL GABLES, FL 33134 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SANTAELLA, HECTOR<br>2121 PONCE DE LEON BLVD., SUITE 1220<br>CORAL GABLES FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>URBINA, RAFAEL S<br>2121 PONCE DE LEON BLVD., SUITE 1220<br>CORAL GABLES FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROSENBERG, STEVEN<br>2121 PONCE DE LEON BLVD., SUITE 1220<br>CORAL GABLES FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CATANIA, BRUCE<br>2121 PONCE DE LEON BLVD., SUITE 1220<br>CORAL GABLES FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED RODOLFO TANCREDI 305-476-2979 x207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #