FILED **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P01000021468 1. Entity Name 05-23-2002 90026 040 ***150.00 CAETANO, INC. Principal Place of Business Mailing Address 5073 - 5075 N. DIXIE HIGHWAY 5073 - 5075 N. DIXIE HIGHWAY OAKLAND PARK FL 33304 OAKLAND PARK FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-10787 Not Applicable Zip Country Country \$8.75. Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEIRA, NUNO Street Address (P.O. Box Number is Not Acceptable) 6601 LYONS ROAD SUITE 19 **COCONUT CREEK FL 33073** Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

May 23, 2002 8:00 amg Secretary of State

11.	OFFICERS AND DIRECTORS	j	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEIRA, NUNO 12328 WEST SAMPLE ROAD CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEIRA, EDUARDO 20270 MONTE VERDE CIRCLE BOCA RATON FL 33498	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	5
TITLE NAME = STREET ADDRESS CITY-ST-ZIP	grandage of the state of the st	Delete	TITLE NAME = = = = = = = = = = = = = = = = = = =	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
13. Thereby 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 suppliemental 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.