

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90004 012 ***150.00

DOCUMENT # P01000028412

1. Entity Name
DIGITRAS CORP.

Principal Place of Business
7369 NW 36TH STREET
MIAMI FL 33166

Mailing Address
7369 NW 36TH STREET
MIAMI FL 33166

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

65-1093885

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUILAINE LAMAR SOSA P.A.
3971 SW 8TH STREET SUITE 305
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name ALVARO FIGUEROA

Street Address (P.O. Box Number is Not Acceptable) 7369 NW 36 ST

City MIAMI FL Zip Code 33166

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/02

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	D	☒ Delete
NAME	DI GIOVANNI, CLAUDIO	
STREET ADDRESS	18511 SW 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	☒ Delete
NAME	TRASMONDI, JUAN CARLOS	
STREET ADDRESS	2961 SW 180 AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	ALVARO FIGUEROA	
STREET ADDRESS	7369 NW 36 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-2402 705-444-3824

Date

Daytime Phone #

CR2E034 (9/01)