

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-04-2003 90094 046 ***150.00

DOCUMENT # P02000067979					
1. Entity Name TRES MEDIDAS CORP.					
Principal Place of Business 5555 NW 74 AVE. MIAMI FL 33166			Mailing Address 5555 NW 74 AVE. MIAMI FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 81-0569340	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GUTMAN, ALEJANDRO J 5555 NW 74 AVE. MIAMI FL 33166			7. Name and Address of New Registered Agent Name: HERVE O TONERO Street Address (P.O. Box Number is Not Acceptable): 5555 NW 74 AVE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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	P GUTMAN, ALEJANDRO J 5555 NW 74 AVE. MIAMI FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALILA M. GORDON 5555 NW 74 AVE MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
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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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 03/31/03 Daytime Phone #: 305-300-9705		

CFR2E034 (10/02)