

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90171 032 \*\*\*158.75

**DOCUMENT # P94000027054**

1. Entity Name  
**RECUATES CORPORATION**

Principal Place of Business  
**777 BRICKELL AVE.**  
**1170**  
**MIAMI FL 33131**

Mailing Address  
**777 BRICKELL AVE.**  
**1390 PH**  
**MIAMI FL 33131**



2. Principal Place of Business  
**229 WEST END DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**KEY BISCAYNE FL.**

City & State

4. FEI Number **65-0481619**

Applied For  
 Not Applicable

Zip **33149** Country **USA**

Zip Country

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

**FERDIE, AINSLEE R**  
**717 PONCE DE LEON BLVD.**  
**SUITE 215**  
**CORAL GABLES FL 33134**

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

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>URRUELA, JUAN F</b> <b>777 BRICKELL AVE., #1390</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>URRUELA, ESTELA M</b> <b>777 BRICKELL AVE., #1390</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Juan Urruela  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 05/02 (305)-374-0500  
 Date Daytime Phone #

CR2E034 (9/01)