

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90950 049 ***150.00

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DOCUMENT # P95000058505

1. Entity Name
B.I.S.A. INVESTMENTS, INC.



Principal Place of Business
**848 BRICKELL AVENUE
SUITE 1000
MIAMI FL 33131**

Mailing Address
**848 BRICKELL AVENUE
SUITE 1000
MIAMI FL 33131**

2. Principal Place of Business
848 BRICKELL AVENUE
Suite, Apt. #, etc.
PENTHOUSE I

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

City & State
MIAMI FL

City & State

4. FEI Number **65-0603512**

Applied For
Not Applicable

Zip
33131

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. SECOND AVENUE
SUITE 900
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D ARDID, JOSE 848 BRICKELL AVENUE, SUITE 1000 MIAMI FL 33131 <i>PENTHOUSE I</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INIGO, ARDID 848 BRICKELL AVENUE, SUITE 1000 MIAMI FL 33131 <i>PENTHOUSE I</i>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE: JOSE ARDID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
APRIL 11, 2003 (305) 377-1001
Date Daytime Phone #

CR2E034 (10/02)