2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90119 004 ***150.00

DOCUMENT # P96000044649

1. Entity Name

300 ARAGON, INC.

Principal Place of Business	Mailing Address
~~330 GRECO AVE., SUITE 104~~ ~~CORAL GABLES FL 33146~~	200 S. BISCAYNE BLVD SUITE 4815 MIAMI FL 33131-2303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4343 WEST FLAGLER STREET	
Suite, Apt. #, etc. SUITE 505	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33134	Country USA
Zip	Country

4. FEI Number 65-0669189 ☐ Applied For ☐ Not Applicable

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
SALUSSOLIA & ASSOCIATES 200 SOUTH BISCAYNE BLVD. SUITE 4815 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.

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, 2000 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	PD SALUSSOLIA, PIERO 200 SOUTH BISCAYNE BLVD., SUITE 4815 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FIAMBERTI, EUGENIO 300 S. POINTE DR, APT 3506 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~ZERBONE, ALEX~~ ~~380 GRECO AVE., SUITE 104~~ ~~CORAL GABLES FL 33146~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~ZERBONE, ALEX~~ ~~4343 WEST FLAGER STREET, SUITE 505~~ ~~MIAMI, FL 33134~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SP~~ ~~DALLE MOLLE, ALDO~~ ~~300 S POINTE DR, APT 3506~~ ~~MIAMI BEACH FL 33139~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DALLE MOLLE, ALDO 300 S. POINTE DR. APT 3506 MIAMI BEACH FL 33139 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AS~~ ~~CAMPS, MARIA ELENA~~ ~~200 S BISCAYNE BLVD, SUITE 4815~~ ~~MIAMI FL 33131~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS FUENTES, CARMEN 200 S. BISCAYNE BLVD., SUITE 4815 MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Carmen Fuentes CARMEN FUENTES 4/27/00 (305) 373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #