


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90645 039 \*\*\*150.00

<b>DOCUMENT #</b> P02000108250	
<b>1. Entity Name</b> CAYMAN 12-O, CORPORATION	

<b>Principal Place of Business</b> EDF. GRAL. PAEZ. MADRICES A MARRON LOCAL 10 CARACAS DF 1010 VE	<b>Mailing Address</b> 2899 COLLINS AVE.. TRITON TOWER PH-L MIAMI BEACH FL 33140 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> Applied For	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> LORENZO, JOSE E MR 833 REGAL COVE RD. WESTON FL 33327	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P <b>NAME</b> PEREZ, JESUS O MR. <b>STREET ADDRESS</b> 2899 COLLINS AVE. TRITON TOWER PH-L <b>CITY-ST-ZIP</b> MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	<b>TITLE</b> P.S. <b>NAME</b> Perez, Juan <b>STREET ADDRESS</b> 2899 Collins Ave., Triton Tower PH-L <b>CITY-ST-ZIP</b> Miami Beach, FL 33140	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> VP, T <b>NAME</b> Perez, Jesus <b>STREET ADDRESS</b> 2899 Collins Ave., Triton Tower PH-L <b>CITY-ST-ZIP</b> Miami Beach, FL 33140	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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** 03/20/03 ✓ (305) 672 1095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)