2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 634394

Entity Name: RENE DACCARETT, & CO., INC.

DACCARETT, ROSE,

MIAMI, FL

444 BRICKELL AVE., STE. 51-354

Name:

Address:

City-St-Zip:

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 444 BRICKELL AVE STE 51-354 MIAMI, FL 331312492 US **New Mailing Address: Current Mailing Address:** 444 BRICKELL AVE STE 51-354 MIAMI, FL 331312492 US FEI Number: 59-1965769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DACCARETT, JOSE 444 BRICKELL AVENUE SUITE 51-354 MIAMI, FL 33131 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: () Change () Addition DACCARETT, RENE, Name: Name: 444 BRICKELL AVENUE, SUITE 51-354 Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: DE DACCARETT, ROSA M, ARIA Name: 444 BRICKELL AVE., STE. 51-354 Address: Address: MIAMI, FL City-St-Zip: City-St-Zip: Title: Title: VD. () Delete () Change () Addition DACCARETT, JOSE, Name: Name: 444 BRICKELL AVE., STE. 51-354 Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: TD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE DACCARETT VD 04/30/2002