FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2002 8:00 am Secretary of State 651076 DOCUMENT # 1. Entity Name 01-27-2002 90014 011 ***150 00 REISA, CORPORATION Mailing Address Principal Place of Business 2400 N.W. 7 AVE. 2400 N.W. 7 AVE. MIAMI FL 33127 MIAMI FL 33127 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1954135 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE ARMAS, AMADO Street Address (P.O. Box Number is Not Acceptable) 2398 S.W. 17 AVE. APT. #211 🔭 **MIAMI FL 33145** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition **PVST** ☐ Delete TITLE TITLE NAME TOSCANO, SARA NAME 1040 S.W. 4 AVE. #4 STREET ADORESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33130** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE TOSCANO, SARA NAME NAME STREET ADDRESS STREET ADDRESS :1040-S.W::4-AVE-#4 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33130** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

president