

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # 662939**1. Entity Name
COVISA INTERNATIONAL, INC.

Principal Place of Business

141 NE 3RD AVE
10 FLOOR
MIAMI
33132

FL

Mailing Address

P.O. BOX 402665
MIAMI BEACH
33140

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2025001

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTINEZ-ESTEVE, RAUL J A
780 N.W. 42ND AVE. STE 302MIAMI
33126

US

FL

7. Name and Address of New Registered Agent

Name

HADIDA-HASSAN JOSE

Street Address (P.O. Box Number is Not Acceptable)
6423 COLLINS AVE. # 1105City
MIAMI BEACH

FL

Zip Code
33141

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 **JOSE HADIDA HASSAN****01/08/2001**

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, 2001 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 PD ☐ Delete
NAME HADIDA-HASSAN JOSE
STREET ADDRESS 6423 COLLINS AVE #1105
CITY-ST-ZIP MIAMI BEACH FL 33141TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME POGREBINSKY DE HADIDA
STREET ADDRESS 6423 COLLINS AVE #1105
CITY-ST-ZIP MIAMI BEACH FL 33141TITLE VD ☒ Change ☐ Addition
NAME POGREBINSKY DE HADIDHADIDA-HASSAN A
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CITY-ST-ZIP MIAMI BEACH FL 33141TITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: Jose Hadida Hassan

PD

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)