

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 763953**

1. Entity Name

SOCIEDAD ARGENTINA EN MIAMI, INC.

Principal Place of Business

**5201 NW 7TH ST
511
MIAMI FL 33126**

Mailing Address

**5201 N.W. 7TH STREET
#511
MIAMI FL 33126**

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

59-2215828

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, YVETTE G
2121 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **COFINO, JOSEFINA P ESQ**

Street Address (P.O. Box Number is Not Acceptable)

5040 N.W. 7TH STREET- SUITE # 610City **MIAMI****FL**Zip Code
33126

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.

4/23/2001

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CACCAMO, PEDRO	
STREET ADDRESS	5201 N.W. 7 STR-APT 511	
CITY-ST-ZIP	MIAMI, FL 33126	

TITLE	VD	<input type="checkbox"/> Delete
NAME	MARINO, ALFREDO	
STREET ADDRESS	5199 NW 7TH ST APT #515	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PIACENTI, GALDTS B	
STREET ADDRESS	1990 SW 94 AVE	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BARDONI, CARLOS	
STREET ADDRESS	8893 FOINTANBLEAU BLVD #201	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90003 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)