

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90316 001 \*\*\*750.00

DOCUMENT # **830983**

Entity Name  
**CUPLAS, S. A.**

Principal Place of Business

**7700 NW 73RD COURT  
 C/O VARKO, INC.  
 MEDLEY FL 33166**

Mailing Address

**7700 NW 73RD COURT  
 C/O VARKO, INC.  
 MEDLEY FL 33166**



Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

02-13-02 90316 001 \$150.00

4. FEI Number **59-1651242**

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MACAU, GASTON  
 7700 NW 73RD COURT  
 C/O VARKO, INC.  
 MEDLEY FL 33166**

7. Name and Address of Now Registered Agent

Name **Ida Valdes**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7700 NW 73rd Court**  
**C/O Varko Inc.**  
 City **Medley** FL Zip Code **33166**

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

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

(NOTE: Registered Agent signature required when re-registering)

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	MACAU, GASTON A	7700 NW 73RD COURT	MEDLEY FL 33166	<input checked="" type="checkbox"/>
DV	VALDES, IDA	7700 NW 73RD COURT	MEDLEY FL 33166	<input checked="" type="checkbox"/>
DS	SANCHEZ, GUILLERMO	7700 NW 73RD COURT	MEDLEY FL 33166	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Juan Jose Anton	7700 N.W. 73rd Ct.,	Medley, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	Patricia Anton	7700 N.W. 73rd Ct.,	Medley, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Ika empowered.

SIGNATURE:

*Patricia Anton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-02