2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State
03-19-2002 90015 011 ***150.00

DOCUMENT # 846832

1. Entity Name
NUMANA INVESTMENTS INC. N.V.

Principal Place of Business	Mailing Address
1825 CORAL WAY MIAMI FL 33145	1825 CORAL WAY MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
901 PONCE DE LEON Blvd.	901 PONCE DE LEON Blvd.
Suite, Apt. #, etc.: 501	Suite, Apt. #, etc.: 501
City & State: CORAL GABLES, FL.	City & State: CORAL GABLES, FL.
Zip: 33134 Country: DADE	Zip: 33134 Country: DADE

4. FEI Number 52-1229113 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUKACS, JOHN
1825 CORAL WAY
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

City FL 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) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUKACS, JOHN 1825 CORAL WAY MIAMI FL	☑ Delete	P,D GINO TOZZI 1643 BRICKELL AVE. #3305 MIAMI FL 33129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURACAO CORP.COMPANY N.V HANDELSKADE 8 CURACAO,NETH.ANTILLE	☐ Delete	V.P, D Dotty TOZZI 1643 BRICKELL AVE #3305 MIAMI, FL. 33129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: GINO TOZZI Pres. 2/27/02 305 4450611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E054 (10/00)