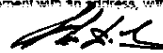


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90258 050 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

30124301

DOCUMENT # F02000006127 1. Entity Name DI STASI GROUP, INC.			
Principal Place of Business 2628 NW 72 AVE. MIAMI, FL		Mailing Address 1001 BRICKELL BAY DR., STE. 2600 MIAMI, FL 33131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FCI Number 22-387878A		Applied For Initial Appointment \$8.75 Additional Fee Required	
5. Certificate of Status Desired ☐		6. Name and Address of Current Registered Agent RODRIGUEZ, JACQUELINE 1001 BRICKELL BAY DR. STE. 2600 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Jacqueline F Rodriguez CPA PA Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road Ste 322 City Coral Gables FL 33134		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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and date of signature.		DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C DI STASI, CARLOS 374 CHESTNUT HILL AVE., APT. 21 BRIGHTON, MA 02135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DI STASI, TONY 20 RIVER CT., APT. 1006 JERSEY CITY, NJ 07310	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DI STASI, TYRONE 374 CHESTNUT HILL AVE., APT. 21 BRIGHTON, MA 02135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
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 report is true and accurate and that my signature shall have the same legal effect as if made under oath by me, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2024 (10/02)