## 2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # H07094  1. Entity Name EBRO CORPORATION                 |  |   |  |  | Jan 16, 2002 8:00 am<br>Secretary of State<br>01-16-2002 90253 031 ***150.00 |                                       |                          |                               |  |
|--|--|---|--|--|--|---------------------------------------|--------------------------|-------------------------------|--|
| •  | ce of Business TH ST. CIRCLE   | Mailing Address<br>10317 NW 9TH ST. CIRC<br>APT. 206<br>MIAMI FL 33172-3282     | 17 NW 9TH ST. CIRCLE<br>. 206          |  |  |                                       |                          |                               |  |
| 2. Principal f   | Place of Business  | 3. Mailing Address  |  |  | DO NOT WRITE IN THIS SPACE   |                                       |                          |                               |  |
| Suite, Apt.  | . #, etc.  | Suite, Apt. #, etc.   |  |  |  |                                       |                          |                               |  |
| City & Star  | te   | City & State  |  |  | 4. F   | 59-2463037                            |                          | Applied For<br>Not Applicable |  |
| Zìp  | Country  | Zip   | Country                                |  | 5. (   | Certificate of Status Desired         | \$8.75 A                 | dditional                     |  |
|  | 6. Name and Address of Current   | Registered Agent  |  |  | 7. N   | Name and Address of New Regi          | stered Agent             |                               |  |
|  |  |   |  | Name   |  |                                       |                          | 1                             |  |
| CERRADA, IGNACIO<br>10317 NW 9 ST. CIR.                            |  |   |  | Street Address (P.O. Box Number is Not Acceptable) |  |                                       |                          |                               |  |
| MIAMI FL   | 331/2  |   | -                                      | City   | FL Zip,Code  |                                       |                          |                               |  |
| 8. The above   | e named entity submits this statement for  | or the purpose of changing i  | its registered                         | office or registe                                  | ered ag  | ent, or both, in the State of Florida | 1                        |                               |  |
| SIGNATURE  9. This corp  | in Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible  |   | OTE: Registered A                      | Agent signature requir                             | ed when re   |                                       | DATE                     |                               |  |
| Tax filing requirement and elects to do so. (See criteria on back) |  | After May 1, 2002 Fee will be \$550.00<br>Make Check Payable to Department of S |  |  | <ol> <li>Election Campaign Finance<br/>Trust Fund Contribution.</li> </ol>   |                                       | .00 May Be<br>ed to Fees |                               |  |
| 11.  | OFFICERS AND   | DIRECTORS   | 12.                                    |  | AD   | DITIONS/CHANGES TO OFFICE             | RS AND DIRECTO           | RS IN 11                      |  |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP                     | PST<br>CARRADA, IGNACIO<br>10317 NW 9TH. CIR #206<br>MIAMI FL  | ☐ Delete  | TITLE<br>NAME<br>STREET<br>CITY-S      | ADDRESS<br>T-ZIP                                   |  |                                       | ☐ Change                 | ☐ Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |  | ☐ Delete  | TITLE<br>NAME<br>STREET<br>CITY-S      | ADDRESS :  |  |                                       | ☐] Change                | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              |  | ☐ Delete  | TITLE<br>NAME                          | ADDRESS  |  | ·.                                    | ☐ Change                 | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              |  | ☐ Delete  | TITLE<br>NAME                          | ADDRESS  |  |                                       | ☐ Change                 | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              |  | ☐ Delete  | TITLE<br>NAME                          | ADORESS  |  |                                       | ☐ Change                 | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              |  | ☐ Delete  | TITLE<br>NAME                          | ADDRESS  |  |                                       | ☐ Change                 | Addition                      |  |
| indicated<br>of the cor  | certify that the information supplied with on this report or supplemental report is rooration or the receiver or trustee emply, or on an attachment with an address, | s true and accurate and that<br>owered to execute this repo                     | t my signatur<br>irt as require<br>id. | e shall have the                                   | same l   | legal effect as if made under oath    | that I am an office      | er or director                |  |

AL TON CONTROL OF THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR