**2001 UNIFORM BUSINESS REPORT (UBR)** 

1. Entity Nan		Sec	Secretary of State 07-20-2001 90005 013 ****61.25					
CUSTA	FOUNDATION INC.		Tu					
Principal Plac	ce of Business	Mailing Address	<u>_</u>	7				
9234 S.W. 9TH TERRACE MIAMI FL 33174		9234 S.W. 9TH TERRACE MIAMI FL 33174				A00787	189	
2 Principal I	Place of Business	2 Mailing Address 4						
2. Thiogar face of business		3. Mailing Address c/o K. L. Gragg White & Case, LLP			BHI TUHK MURK BARK SUN SUN SU		1 <b>486</b> 1121 1 <b>88</b> 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.  200 S. Biscayne Blvd., #4900		00	DO NOT WRITE IN TH	IIS SPACE		
City & State		City & State Miami, FL		4. FEI Number 65-10526	644		oplied For ot Applicable	
Zip	Country	Zip 33131	Country USA	5. Certificate of St	atus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re			7. Name and Add	ress of New Register	<u> </u>		
Name c/o					K. Lawrence Gragg e & Case, LLP			
	ORPORATE SYSTEMS, INC.		Street Addre	ss (P.O. Box Number is I <b>0 S. Biscayne</b>	Not Acceptable) Suit	e 4900		
283 CATALONIA 2ND FLOOR CORAL GABLES FL 33134-6700								
			City	ami	F	FL 3313	î ]	
8. The above	e named entity submits this statement for the	ne purpose of changing its re	egistered office or regi	istered agent, or both, in	the state of Florida.			
C. C	with the	E Secret	UND Star	<b>%</b> -	71	9/01		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicate. (NOTE:	Registered Agent signature re-	uired when reinstating)	- JA	TE/		
FILE NOW: FEE IS \$61.25  After September 12, 2001, min. will be \$236.25  7 rust Fund Con				\$5.00 May Be Added to Fees		eck Payable nent of State		
TITLE	OFFICERS AND DIREC	Delete Delete	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN Change	Addition	
NAME STREET ADDRESS	MENDEZ, MELISA 9234 S.W. 9TH TERRACE	_ 33.3.5	NAME CIDECT ADDRESS			_ •	_ {	
CITY-ST-ZIP	MIAMI FL 33174		STREET ADDRESS CITY-ST-ZIP				)	
TITLE	D COSTA, MIRTA	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	17822 N.W. 81ST COURT		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33015		City-st-zip			Filiphoon	[] Address	
NAME	MENDEZ, MICHAEL	Delete	NAME			Change	Addition }	
STREET ADDRESS CITY-ST-ZIP	9234 S.W. 9TH TERRACE MIAMI FL 33174		STREET ADDRESS CITY-ST-ZIP					
THTLE	D D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	COSTA, OSVALDO		NAME STREET ADDRESS				}	
STREET ADDRESS CITY-ST-ZIP	17822 N.W. 81ST COURT   MIAMI FL 33015		CITY-ST-ZIP				,	
TITLE		Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				}	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	•		☐ Change	☐ Addition }	
STREET ADDRESS CITY-ST-ZIP			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 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 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: