Amended 2003

02-21-2003 90237 032 ****61.25
FILED P00000011900
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 14 PM 1:18

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011900

1. Entity Name

Joyita Investments Corporation

55015903

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE
601 Brickell Key Drive		601 Brickell Key Drive		
Suite, Apt. #, etc. Suite 805		Suite, Apt. #, etc. Suite 805		
City & State Miami, FL		City & State Miami, FL		
Zip 33131	Country USA	Zip 33131	Country USA	4. FEI Number 65-0983853 ☐ Applied For ☐ Not Applicable
				5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Allen & Galego

Street Address (P.O. Box Number is Not Acceptable): 601 Brickell Key Drive

Suite 805

City: Miami FL Zip Code: 33131

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: _____ By: Robert N. Allen, Jr., President 2/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT Peralta, Ernesto 601 Brickell Key Drive, Ste 805 Miami, FL 33131	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP S Peralta, Veronica A. 601 Brickell Key Drive, Ste 805 Miami, FL 33131	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SS Allen, Robert N. 601 Brickell Key Drive, Ste 805 Miami, FL 33131	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florica 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Robert N. Allen, Jr. 2/7/03 305-372-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/14/03