

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-17-2001 91339 022 ***150.00

DOCUMENT # P00000020571

1. Entity Name

BROADSPAN CAPITAL, INC.

Principal Place of Business

Mailing Address

**2121 Ponce de Leon Blvd.
 Coral Gables, FL 33134**

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1031040

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301**

Name **Michael L. Gerrard**

Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd. # 735

City **Coral Gables**

FL

Zip Code
33143

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

Michael L. Gerrard

6/20/2001

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 **D** ☒ Delete
 NAME **Horacio Gutierrez-Machado**
 STREET ADDRESS **5300 First Union Financial Center**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **DS** ☐ Change ☒ Addition
 NAME **Felipe Andrade**
 STREET ADDRESS **2121 Ponce de Leon Blvd.**
 CITY-ST-ZIP **Coral Gables, FLA 33134**

TITLE **D** ☒ Delete
 NAME **Christopher L. Wood**
 STREET ADDRESS **5300 First Union Financial Center**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **D/T/AS** ☐ Change ☒ Addition
 NAME **Orlando Chiossone**
 STREET ADDRESS **2121 Ponce de Leon Blvd.**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **D** ☐ Delete
 NAME **Michael Gerrard**
 STREET ADDRESS **2121 Ponce de Leon Blvd.**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

Date

(305) 445-2939

Daytime Phone #

CR2E034 (11/00)