

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91191 026 ***158.75

DOCUMENT # P 00000021692
Entity Name ENGUIDANOS, INC.

Principal Place of Business
2151 LE JEUNE RD
SUITE 200
CORAL GABLES, FL 33134

Mailing Address
2151 LE JEUNE RD
SUITE 200
CORAL GABLES, FL 33134

Principal Place of Business
7003 N. WATERWAY DR

3. Mailing Address
7003 N. WATERWAY DR.

Suite, Apt. #, etc.
SUITE 209

Suite, Apt. #, etc.
SUITE 209

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33135

Country
USA

Zip
33135

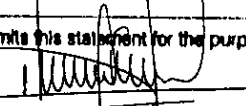
Country
USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LESLIE I. SNYDER, ESQ
2151 LEJEUNE RD
SUITE 200
CORAL GABLES FL., 33134

7. Name and Address of New Registered Agent
Name DANIEL INGIANNA
Street Address (P.O. Box Number is Not Acceptable)
5555 COLLINS AVENUE #5B
City MIAMI BEACH FL Zip Code 33140

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  DANIEL INGIANNA 5-11-01
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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

OFFICERS AND DIRECTORS

11	12
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
☐ Delete MANUEL J. MUNOZ GRAN VIA MARQUEZ DEL TURIA VALENCIA, 46005 SPAIN	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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  MANUEL J. MUNOZ 5-11-01 3052611821
Signature typed or printed name of signing officer or director Date