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

2. Principal Place of Business	3. Mailing Address
7003 N.WATERWAY DR	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

4. FEI Number: 65-1007673 ☐ Applied For ☐ Not Applicable

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
LESLIE I. SNYDER, ESQ 2151 LEJEUNE RD SUITE 200 CORAL GABLES FL., 33134	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 reinstating) DATE

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

MAY [illegible] Fee Will Be $[illegible] Check Payable to Department of [illegible]

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

OFFICERS AND DIRECTORS		12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PSD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
MANUEL J.MUNOZ GRAN VIA MARQUEZ DEL TURIA VALENCIA, 46005 SPAIN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/99)

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 305261821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number