

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90319 038 ***150.00

DOCUMENT # P00000022615	✓
1. Entity Name FLORIDA SAPAN CORPORATION	

DO NOT WRITE IN THIS SPACE

90114263

2. Principal Place of Business 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA	3. Mailing Address 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0986447		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name CARLOS VILLANUEVA <i>Jorge Guisan</i>		
	Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD. SUITE 600 City CORAL GABLES FL Zip Code 33134		

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 *[Signature]* **4/29/03**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS PACHECO, VICTOR 2100 PONCE DE LEON BLVD., #600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GUARDELA, RAFAELA 2100 PONCE DE LEON BLVD., #600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VILLANUEVA, CARLOS 2100 PONCE DE LEON BLVD., #600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **CARLOS VILLANUEVA** **04/29/03 305-377-0812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**