

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91746 026 ***150.00

DOCUMENT # P00000027361
1. Entity Name DIGICAD INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9367 Fontainebleau blvd.
Suite, Apt. #, etc. Ap. G 231
City & State Miami, FL.
Zip 33172-5641 Country U.S.A.

3. Mailing Address 9367 Fontainebleau blvd.
Suite, Apt. #, etc. Ap. G. 231
City & State Miami, FL.
Zip 33172-5641 Country U.S.A.

4. FEI Number EIN 65-1014828.
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City FL Zip Code _____

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 _____ (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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	P/ CARLOS N. ZULUAGA	TITLE	
NAME	9367 Fontainebleau blvd. Ap G 231	NAME	
STREET ADDRESS	Miami, FL. 33172-5641	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D/ NATALIA CORREA	TITLE	
NAME	9367 Fontainebleau blvd. Ap G 231	NAME	
STREET ADDRESS	Miami, FL. 33172-5641	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S/ ANA BEATRIZ CORREA	TITLE	
NAME	9367 Fontainebleau blvd. Ap G. 231	NAME	
STREET ADDRESS	Miami, FL. 33172-5641	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D/ ISABEL C. ESTRADA	TITLE	
NAME	9367 Fontainebleau blvd. Ap G. 231	NAME	
STREET ADDRESS	Miami, FL. 33172-5641	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS MANUEL ZULUAGA 5-2-02 (305) 4771502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)