2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90141 030 ***150.00

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DOCUMENT # P00000031257

1. Entity Name
CONCISA, INC.

Principal Place of Business	Mailing Address
3680 MAX PLACE	3680 MAX PLACE
APT 102	APT 102
BOYNTON BEACH FL 33436	BOYNTON BEACH FL 33436

2. Principal Place of Business	3. Mailing Address
4610 WINDWARD Cove ln	4610 WINDWARD Cove ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington, Fl
Zip: 33467 Country: U.S.A.	Zip: 33467 Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0994463 ☐ 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
DITEODORO, PASQUALINO	Name: DITEODORO, PASQUALINO
3680 MAX PLACE	Street Address (P.O. Box Number is Not Acceptable): 4610 WINDWARD Cove ln
# 102	City: Wellington FL Zip Code: 33467
BOYNTON BEACH FL 33436	

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 PASQUALINO Diteodoro [signature] 4/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	BROUWER, BERNADEUS		NAME	BROUWER, BERNAROUS	
STREET ADDRESS	3830 MAX PLACE #102		STREET ADDRESS	2077 VINING Circle # 1302	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	Wellington, Fl 33414	
TITLE	VPD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	DITEODORO, PASQUALINO		NAME	DITEODORO, PASQUALINO	
STREET ADDRESS	3680 MAX PLACE # 102		STREET ADDRESS	4610 WINDWARD COVE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	Wellington, Fl 33467	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASQUALINO Diteodoro 4/5/03 (561) 5432270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #