

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90192 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000041199
1. Entity Name
BANCASA REALTY CORPORATION



90058876

Principal Place of Business 10050 N.W. 6TH COURT, #11 PEMBROKE PINES, FL 33024		Mailing Address 10050 N.W. 6TH COURT, #11 PEMBROKE PINES, FL 33024	
2. Principal Place of Business 1040 Weston Rd. Suite, Apt. #, etc. Suite 105 City & State Weston, FL. Zip 33326 Country USA		3. Mailing Address 1040 Weston Rd. Suite, Apt. #, etc. Suite 105 City & State Weston, FL. Zip 33326 Country USA	



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1004201	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MIR, HECTOR J 2655 LE JEUNE ROAD SUITE 1107 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent's signature required when instituting) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GAVIRIA, JUAN C 10050 NW 6TH COURT, #11 PEMBROKE PINES, FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JORGE BARRAGAN 1040 WESTON RD/STE 105 WESTON, FL 33326 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: JORGE BARRAGAN Date: March 20/03 Daytime Phone #: 954-6600333