## 🕆 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am DOCUMENT #P 00000051373 Secretary of State ZELERIS USA INC. 05-22-2001 90038 027 \*\*\*150.00 Principal Place of Business Mailing Address 1221 BRICKELLAU. 1221 BRICKELL AVENUE SUITE 1200 MIAMI, FL., 33131 MIAMI, FL., 33131 769974 C/O PATRICIA MENENDEZ (AMBO 3. Mailing Address 2. Principal Place of Business 1221 Brickell Avenue Suite, Apt. #, etc. 1221 Brickell Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **Suite 1200** Suite 1200 City & State 4. FEI Number Applied For City & State Miami, FLA Not Applicable <u>Miami, FLA</u> Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired ÚSA 33131 Usa 33131 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND PLANTATION FL. 33324 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees 図 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. CR2E034 (11/00) ☐ Change ☐ Addition Delete TITLE TITLE AND SECTION SECTION NAME RAPAEL HERNANDEZ NAME STREET ADDRESS 1221 BRICKELL AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL., 33131 CITY-ST-ZIP ☑ Addition: ☐ Delete TITLE ☐ Change TITLE NAME PARICIAMENENDEZ CAMBO NAME 1221 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL., 33131 CITY-ST-ZIP ☐ Change **Addition** TITLE TITLE ☐ Delete SILVIA M. GARRIGO NAME NAME 1221 BRICFELL AV. STREET ADDRESS STREET ADDRESS MIAMI, FL., 33131 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: PATRICIA MENEU DEZ (AMBO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

J. M. Cow

3/30/01

305-9255417

Daytime Phone #