

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91216 048 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P00000054393			
1. Entity Name TOSCA INVESTMENT CORPORATION, INC.			
Principal Place of Business 260 PALERMO AVENUE  CORAL GABLES, FL 33134		Mailing Address 260 PALERMO AVENUE  CORAL GABLES, FL 33134	
2. Principal Place of Business 260 PALERMO AVENUE Suite, Apt. #, etc.		3. Mailing Address 260 PALERMO AVENUE Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country DADE	Zip 33134	Country DADE
4. FEI Number 65-1013880		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CARLOS J. TOSCA 1101 CORAL WAY 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			
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)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/> \$5.00 Trust Fund Contribution. May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
P/D CARLOS J. TOSCA 1101 CORAL WAY CORAL GABLES, FL 33134		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
VP/D WILLIAM VENTO 7055 S.W. 76 STREET MIAMI, FL 33143		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
SIGNATURE: _____		Carlos J. Tosca	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		4/26/2002	
		305-445-2070	
		Daytime Phone #	

93126

DO NOT WRITE IN THIS SPACE

CR02034 (9/99)