

**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	
4. FEI Number 65-1013880		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33134		Country DADE	
5. Certificate of Status Desired		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent			
7. Name and Address of New Registered Agent			
CARLOS J. TOSCA 1101 CORAL WAY CORAL GABLES, FL 33134			
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. (See criteria on back)		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 Trust Fund Contribution.		<input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS J. TOSCA	NAME	
STREET ADDRESS	1101 CORAL WAY	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE	VP/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM VENTO	NAME	
STREET ADDRESS	7055 S. W. 76 STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33143	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:		Carlos J. Tosca	
		4/26/2002	
		305-445-2070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



93126

DO NOT WRITE IN THIS SPACE

CR2004 (9/99)