

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 023 ***150.00

DOCUMENT # P00000057655
1. Entity Name
 CONCYPA INTERNATIONAL, CORP.

Principal Place of Business **Mailing Address**
 1183 WEST 29TH STREET 1183 west 29TH STREET
 HIALEAH, FL 33012 HIALEAH, FL 33012

2. Principal Place of Business **3. Mailing Address**
 1022 Bay Dr. Suite # 9 1022 Bay Dr. Suite # 9
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 9 **Suite # 9**
 City & State City & State
 Miami, FL Miami, FL
 Zip Zip
 33141 33141
 Country Country
 USA USA

4. FEI Number **Applied For**
 65-1016982 ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CARDONA, CLAUDIA P
 2050 Coral Way, SUITE 303
 Miami, FL 33145

7. Name and Address of New Registered Agent
 Name
 CARDONA, CLAUDIA P
 Street Address (P.O. Box Number is Not Acceptable)
 1022 Bay Dr.
 SUITE # 9
 City FL Zip Code
 Miami 33141

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILED NOW WITH THIS STATEMENT**
(See criteria on back)

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

11. OFFICERS AND DIRECTORS

TITLE DPT NAME CARDONA, CLAUDIA P STREET ADDRESS 2050 Coral Way, Suite 303 CITY-ST-ZIP Miami, FL 33145	<input type="checkbox"/> Delete
TITLE DS NAME CARDONA, CARLOS ALBERTO STREET ADDRESS 2050 Coral Way, Suite 303 CITY-ST-ZIP Miami, FL 33145	<input type="checkbox"/> Delete
TITLE DT NAME MARIN, BEATRIZ ELENA STREET ADDRESS 2050 Coral Way Suite 303 CITY-ST-ZIP Miami, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS NAME CARDONA, CLAUDIA P STREET ADDRESS 1022 Bay Dr. Suite 9 CITY-ST-ZIP Miami, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DPT NAME CARDONA, CARLOS ALBERTO STREET ADDRESS 1022 BAY DR., SUITE 9 CITY-ST-ZIP Miami, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME MARIN, BEATRIZ ELENA STREET ADDRESS 1022 BAY DR. SUITE 9 CITY-ST-ZIP MIAMI, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 another like empowered.

SIGNATURE: *CARLOS ALBERTO CARDONA* **DATE** 04/29/2002 **Daytime Phone #** (305) 360 0901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR