2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

changed, or on an attachment with ar

SIGNATURE:

Mar 25, 2003 8:00 am Secretary of State 03-25-2003 90071 028 ***150.00 DOCUMENT # P00000057927 1. Entity Name NAURO INC. Mailing Address Principal Place of Business 2801 N.W. 23RD BLVD., W156 2801 N.W. 23RD BLVD., W156 GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 3. Mailing Address 2. Principal Place of Business PO BOX 558676 312 MINORCA AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES **SUITE 103** Applied For 4. FEI Number City & State City & State 59-3652913 Not Applicable MIAMI, FL CORAL GABLES, FL \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 33255-8676 USA USA 33134 7:-Name and Address of New Registered Agent ... 6. Name and Address of Current Registered Agent CORDI JORGE E CORDI, JORGE E Street Address (P.O. Box Number is Not Acceptable) 2801 N.W. 23RD BLVD., W156 GAINESVILLE, FL 32605 312 MINORCA AVENUE SUITE 103 Zip Code City CORAL GABLES 33134 nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept 8. The above named entity submits this statem registered agen the obligations of MARCH 24, 2003 JORGE E CORDI REGISTERED AGENT SIGNATURE (NOTE: Registered Agents ignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State \$5.00 May Be 9. Election Campaign Financing \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. CRZE034 (10/02) ☑ Change Addition TITLE Delete 111:6 NAME CAMARGO, JORGE E CAMARGO, JORGE E NAME 312 MINORCA AVENUE SUITE 103 STREET ADDRESS 2801 NW 23RD BLVD W 256 STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-2IP GAINESVILLE, FL 32605 City-St-ZP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-2(P CITY-ST-2IP ☐ Change Addition Delete TITLE 11716 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7E Change ■ Addition BILLE Delete 313LE NAME NAME STREET ADDRESS STREET ADDRESS C0Y-S1-21P CITY-ST-ZIP ☐ Change Addition Delete 11116 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change Delete TITLE TITLE STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-7P 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). 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

l other∐ke empowered.

FILED

(305) 665 9089

Caytima Phone #

March 24, 2003