07/25/2001 16:32 949 916 9443 → 13058178806

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State
08-14-2001 90011 021 ***550.00

DOCUMENT # P00000070676

1. Entity Name
NUSA DUA, INC.

Principal Place of Business	Mailing Address
C/O CHRISTA D. PEREZ 601 S FIGUEROA ST. STE 2400 LOS ANGELES CA 90017	C/O CHRISTA D. PEREZ 601 S FIGUEROA ST. STE 2400 LOS ANGELES CA 90017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6521 COW PEN Rd		P.O. Box 4190	
Suite, Apt. #, etc. G-106		Suite, Apt. #, etc.	
City & State MIAMI LAKES FL.		City & State HIALEAH FL.	
Zip 33014	Country U.S.A.	Zip 33014	Country U.S.A.

4. FEI Number 943370693 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	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 ______________________
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00 After September 12, 2001 Fee will be $750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	D CHOCANO AIRALDI, MARIO 601 S FIGUEROA ST, STE 2400 LOS ANGELES CA 90017 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDINI BARREDA , VICTOR 601 S FIGUEROA ST, STE 2400 LOS ANGELES CA 90017 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (5/01)

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: SIGNATURE REQUIRED 7-31-01 305 817 8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #