

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90345 021 ***158.75

DOCUMENT # P00000070858

1. Entity Name
DS REALTY INVESTMENTS, INC.



Principal Place of Business
2600 SW 3RD AVE 730
MIAMI FL 33129

Mailing Address
2742 BISCAYNE BLVD
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address
2600 SW 3rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
730

City & State

City & State
Miami, FL

Zip

Country

Zip
33129

Country
USA

4. FEI Number **65-1029955**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MATZ, ISAAC
2742 BISCAYNE BLVD
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name **Guzman, Mario**
Street Address (P.O. Box Number is Not Acceptable)
Two Station Center
4130 S. Dade Blvd. Suite 1504
City **Miami** **FL** Zip Code **33136**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

MARIO GUZMAN

(NOTE: Registered Agent signature required when reinstating)

3/28/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARBAGALLO, MIGUEL	
STREET ADDRESS	CORDOBA 1255 8TH FLOOR	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SIDERO, DANIE	
STREET ADDRESS	CORDOBA 1255 8TH FLOOR	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RIZZUTI, CARLOS P	
STREET ADDRESS	CORDOBA 1255 8TH FLOOR	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2600 SW 3rd Avenue Suite 730	
CITY-ST-ZIP	Miami, FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 supplement 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 has been empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/03

(305) 837-787

Date

Daytime Phone #

CR2E034 (10/02)