FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90231 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076312

1. Entity Name
TASCON FAMILY INVESTMENTS, INC.

11034955

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD SUITE 201 CORAL GABLES, FL 33134	3211 PONCE DE LEON BLVD SUITE 201 CORAL GABLES, FL 33134

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
888 Brickell Avenue	888 Brickell Avenue
Suite, Apt. #, etc. Fifth Floor	Suite, Apt. #, etc. Fifth Floor
City & State Miami FL	City & State Miami FL
Zip 33131 Country U.S.A.	Zip 33131 Country U.S.A.

4. FEI Number 65-1043407 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTUONDO, FERNANDO J ESQ
3211 PONCE DE LEON BLVD SUITE 201
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Edward Montoya, Esq.

Street Address (P.O. Box Number is Not Acceptable) 888 Brickell Avenue, Fifth Floor

City Miami FL Zip Code 33131

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) (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TASCON, RAUL 3211 PONCE DE LEON BLVD SUITE 201 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Raul Tascon 888 Brickell Avenue, Fifth Floor Miami, FL 33131	X Change ☐ Addition
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CR2E034 (10/02)

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date 305-373-4333 Daytime Phone #