FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 25, 2002 8:00 am P00000091426 DOCUMENT # **Secretary of State** 1. Entity Name 03-25-2002 90186 005 \*\*\*150.00 SOUTH AMERICAN TO THE WORLD, CORP. Principal Place of Business Mailing Address 8347 SW 40 ST 8347 SW 40 ST MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address 324 AV. SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 167 City & State City & State 4. FEI Number Applied For 65-1051333 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 920 とくり Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jose CASTRO, JOSE L Street Address (P.O. Box Number is Not Acceptable) 8347 SW 40 ST **MIAMI FL 33155** City 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 rinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) PSD PSD Addition ☐ Delete TITLE CASTRO, JOSE L NAME NAME Jose L. CASTRO 8347 SW 40 ST 3 AV # 167 CR2E034 123 SS STREET ADDRESS STREET ADDRESS MIAMI FL 33155 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP Delete -- -☐ Change - ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS . . CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 adpless, with a) other like empowered.