

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91424 019 \*\*\*150.00

0296936 AV

DOCUMENT # P00000092196

1. Entity Name

EXALL CORPORATION

Principal Place of Business

14329 SW 139 CT #8  
MIAMI FL 33186

Mailing Address

14329 SW 139 CT #8  
MIAMI FL 33186

2. Principal Place of Business

3000 N.W. 109 Ave

3. Mailing Address

3000 N.W. 109 Ave

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City &amp; State

MIAMI, FL

City &amp; State

MIAMI, FL

4. FEI Number

65-1044448

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CUBEDDU, PABLO  
5059 NW 114 PLACE  
MIAMI FL 33178

7. Name and Address of New Registered Agent

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE PD ☐ Delete  
NAME CUBEDDU, PABLO  
STREET ADDRESS 5059 NW 114 PLACE  
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.P. ☐ Change ☒ Addition  
NAME JUAN CARLOS ESAIN  
STREET ADDRESS 3000 N.W. 109 Ave Suite 204  
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

786-845-9697

Date

Daytime Phone #

CR2E034 (9/01)