## 2001 UNIFORM BUSINESS REPORT (UBR) Mar 08, 2001 8:00 am DOCUMENT # P00000094661 1. Entity Name **Secretary of State** COUROMODA USA INC. 03-08-2001 90094 043 \*\*\*150.00 Principal Place of Business Mailing Address 777 NW 72ND AVENUE 777 NW 72ND AVENUE HIALEAH, FL 33010 HIALEAH, FL 33010 A0029758 3. Mailing Address 777 NW 72ND AVENUE 2. Principal Place of Business 777 NW 72ND AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 3A20 SUITE 3A20 City & State City & State Applied For 4 - FEI Number Not Applicable MIAMI, FLORIDA MIAMI, FLORIDA Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33126 33126 U.S. U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAULO C. MIRANDA Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI, FLORIDA 33131 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 #, After MAY 1, 2001 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP TITLE Change X Addition ☐ Delete TITLE NAME NAME J. FRANCISCO DOS SANTOS STREET ADDRESS 777 NW 72ND AVENUE, SUITE 3A20 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FLORIDA 33126 Delete Change X Addition TITLE TITLE NAME NAME WALESKA SANTOS STREET ADDRESS STREET ADDRESS 777 NW 72ND AVENUE, SUITE 3A20 CITY-ST-7IP CITY-ST-ZIP MIAMI, FLORIDA 33126 Delete 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: X

CITY-ST-ZIP

J. FRANCISCO DOS SANTOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

(954) 962-6063

ite Daytime Phone #

CR2E034 (11/00)