

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095950

1. Entity Name TUPER CORPORATION

C0058479

Principal Place of Business Mailing Address
4343 W. Flagler St. #101 same
Miami, FL 33134

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1045579 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Bianney Hernandez
4343 W. Flagler St. #101
Miami, FL 33134

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 reappointing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director/President ☐ Delete
NAME LUIS V. FERRADA
STREET ADDRESS 4343 W. Flagler St. #101
CITY-ST-ZIP Miami, FL 33134

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

TITLE Director/Vice-President ☐ Delete
NAME Maria Luz Walker
STREET ADDRESS Ave Andres. Bello #1519
CITY-ST-ZIP Providencia, Santiago de Chile

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

TITLE Secretary ☐ Delete
NAME Gustavo Promis
STREET ADDRESS Ave Andres Bello #1519
CITY-ST-ZIP Providencia, Santiago de Chile

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

TITLE Treasurer ☐ Delete
NAME Rosemary Carvallo
STREET ADDRESS 27830 DI Ave Dr. #14
CITY-ST-ZIP Bonita Springs, FL 34135

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Luis V. Ferrada* *Gustavo Promis*

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Signature Position

CFR2034 (11/00)