

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90134 024 ***150.00

0278248 AV

DOCUMENT # P00000099590

1. Entity Name
DRISMA DESIGN & BUILD, INC.



Principal Place of Business
3896 SW 107 AVE
MIAMI FL 33165

Mailing Address
3896 SW 107 AVE
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1122092

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENITEZ, ALICIA CPA
3896 SW 107 AVE
MIAMI FL 33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME **CARPINTERO, RUBEN ALBERTO**
STREET ADDRESS **BAGNATI 375- SAN ISIDRO**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

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

TITLE D ☒ Delete
NAME **ALVAREZ-ROJAS, OSVALDO**
STREET ADDRESS **ORTEGAY GASSET 382**
CITY-ST-ZIP **MARDEL PLATA- ARGENTINA**

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

TITLE D ☐ Delete
NAME **CAPIRONE, ENRIQUE A**
STREET ADDRESS **RAVIGNANI 292 5 C**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1080 94 SE #204**
CITY-ST-ZIP **BAY HARBOR ISLAND, FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

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:

ENRIQUE A. CAPIRONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03
Date

Daytime Phone #

CR2E034 (10/02)