2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State
07-31-2002 90102 012 ***158.75

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DOCUMENT # P00000110695

1. Entity Name

CASH IN PORTOFINO, INC.

Principal Place of Business	Mailing Address
10833 NW 29TH ST. MIAMI, FL. 33172	10833 NW 29TH ST. MIAMI, FL. 33172

[redacted]

DO NOT WRITE IN THIS SPACE

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: 65-1076343 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESQUENAZI, JOSE FARCA 10833 NW 29TH ST. MIAMI, FL. 33172	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ESQUENAZI, JOSE FARCA 10833 NW 29TH ST. MIAMI, FL. 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: ____________________ 7/26/02 Miami, FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #

Attachment

#P00000110695

July 9, 2002

Florida Department of Revenue
Katherine Harris
Secretary of State
P.O.BOX 1500
Tallahassee, FL 32302-1500

Re: CASH IN PORTOFINO, INC.
DOCUMENT #P010000110695

Enclosed please find check in the amount of $158.75 for the year 2002 UNIFORM BUSINESS REPORT. I never received the original form. I apologize for the inconvenience this may have caused.

Sincerely,

Jose Farca Esquenazi/Director
10833 N.W. 29th ST
Miami, FL 33172