

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90034 002 \*\*\*150.00

**DOCUMENT #** P01000007067  
1. Entity Name **U.S. PATAGONIA CONSULTING, INC.**

**DO NOT WRITE IN THIS SPACE**

**B0058699**

2. Principal Place of Business **581 SW 169 WY**  
Suite, Apt. #, etc.

3. Mailing Address **581 SW 169 WY**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **WESTON, FLORIDA**  
Zip **33326** Country **USA**

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4. FEI Number **65-1072175**  
Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **PABLO SAVOTINSKY**  
Street Address (P.O. Box Number is Not Acceptable) **581 SW 169 WY**  
City **WESTON** FL Zip Code **33326**

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 **Pablo Savotinsky, PRESIDENT.** **03-24-02**  
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) ☐  
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PABLO SAVOTINSKY PRESIDENT 581 SW 169 WY WESTON FL 33326</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Pablo Savotinsky, PRESIDENT** **03-24-02 (84) 326-4663**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)