FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90738 010 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019655

1. Entity Name
TODO MARKETING, INC.

DO NOT WRITE IN THIS SPACE

B0062023

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2. Principal Place of Business	3. Mailing Address
350 LINCOLN RD	SAME AS #2
Suite, Apt. #, etc. 412	Suite, Apt. #, etc.
City & State MIAMI BEACH	City & State
Zip 33139 Country USA	Zip Country

4. FEI Number 65-1105684 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name GERARDO RUJINSKY

Street Address (P.O. Box Number is Not Acceptable)
350 LINCOLN RD #412

City MIAMI BEACH FL Zip Code 33139

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] GERARDO RUJINSKY 3/20/02
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 PRESIDENT NAME GERARDO RUJINSKY STREET ADDRESS 350 LINCOLN RD #412 CITY-ST-ZIP MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VICE PRESIDENT NAME PEDRO RIJO CASTILLO STREET ADDRESS 350 LINCOLN RD #412 CITY-ST-ZIP MB FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SECRETARY NAME Julieta VIGNOLLO STREET ADDRESS 350 LINCOLN RD #412 CITY-ST-ZIP MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] GERARDO RUJINSKY 3/20/02 305 535 4264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #