FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
03-15-2002 90023 029 ***150.00
05-08-2002 90126 017 ***150.00

DOCUMENT # P01000029324

1. Entity Name
OLDER BROTHER, INC.

2. Principal Place of Business	3. Mailing Address
1390 Brickell Avenue	1390 Brickell Avenue
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1084625 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable): 1390 Brickell Avenue, Suite 200

City: Miami **FL** Zip Code: 33131

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 _____ 4-29-02
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	
D	Gustavo Mascardi 1390 Brickell Avenue, Suite 200 Miami, Florida 33131

Additions/Changes to Officers and Directors

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
VP/S	Cristina Doldan [X] Addition 1390 Brickell Avenue, Suite 200 Miami, Florida 33131
VP	Alejandro Mascardi [X] Addition 1390 Brickell Avenue, Suite 200 Miami, Florida 33131

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: _____ Cristina Doldan 04/29/02 (305) 371-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Secretary — Date — Daytime Phone #