

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91453 044 ***150.00

DOCUMENT # P01000058278

1. Entity Name
PESCATORE GROUP, INC.



Principal Place of Business
**400 S. POINTE DRIVE
SUITE 311
MIAMI BEACH FL 33139**

Mailing Address
**400 S. POINTE DRIVE
SUITE 311
MIAMI BEACH FL 33139**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

90 Alton Road # 2310

Suite, Apt. #, etc.

3. Mailing Address

90 Alton Road

Suite, Apt. #, etc.

2310

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

38-3643799

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, OSVALDO J.
7951 S.W. 40TH STREET
SUITE 200
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **Federico LORE**
Street Address (P.O. Box Number is Not Acceptable) **90 Alton Road # 2310**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Federico Lore**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/2003

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
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **LORE, PABLO**
STREET ADDRESS **400 S. POINTE DRIVE SUITE 311**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **SVD** ☐ Delete
NAME **LORE, FEDERICO**
STREET ADDRESS **400 S. POINTE DRIVE SUITE 311**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **90 Alton Road # 2310**
CITY-ST-ZIP **Miami Beach FL 33139**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **90 Alton Road # 2310**
CITY-ST-ZIP **Miami Beach FL 33139**

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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2003

Date

305 864-7909

Daytime Phone #

CR2E034 (10/02)