## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am Secretary of State P01000061427 DOCUMENT # 05-01-2002 91620 005 \*\*\*150.00 1. Entity Name TUKASA, INC. Principal Place of Business Mailing Address 1101 BRISKELL AVENUE SUITE 1100 1101 BRICKELL AVENUE SUITE 1100 MIAMLEL SSTOL 2. Principal Place of Business Mailing Address ಎ೦೩ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NACUCE J. DAVIDLPENA PA ddress (P.O. Box Number is Not Accepta 1101 BRICKELL AVENUE SUITE 1100 Hallywood MIAMI # 33131 8. The above ly submits this statement for the ou cose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE (9/01) Delete TITLE Change Addition NAME VASQUEZ, LUIS NAME VASQUEZ,しひら 1101-BRICKELL AVENUE SUITE 1100 MIAMI FZ 33121 STREET ADDRESS STREET ADDRESS CDY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST\_ZIP \_CITY\_ST\_ZIP\_ TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME - NAME STREET ADDRESS STREET ADDRESS CITY-ST-2(P= CITY-ST-ZIP= TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the Normation supplied with this filling 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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this perport as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or Block 12 if changed, or on an atta an address, with all other like emp SIGNATURE: G OFFICER OR DIRECTOR

**FILED**