

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90122 016 ***158.75

DOCUMENT # P01000094924
1. Entity Name



COMM-PASS INTERNATIONAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

10063385

2. Principal Place of Business
10185 COLLINS AVENUE

3. Mailing Address
P.O. BOX 403655

Suite, Apt. #, etc.
1201

Suite, Apt. #, etc.

City & State
BAL HARBOUR

City & State
MIAMI BEACH, FLORIDA

4. FEI Number
65-1147051

Applied For
Not Applicable

Zip
33154

Country
USA

Zip
33140-1655

Country
USA

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
C/O PLM SHUTTS & BOWEN LLP

Street Address (P.O. Box Number is Not Acceptable)

1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/07/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

P., SINAGRA ENRIQUE ALEJANDRO
10185 COLLINS AVE., APT. 1201
BAL HARBOUR, FL. 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP. BALESTIERI, MARIA FERNANDA
10185 COLLINS AVE, APT. 1201
BAL HARBOUR, FL. 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S., SINAGRA EDUARDO DANIEL
10185 COLLINS AVE, APT 1201
BAL HARBOUR, FL. 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/03 (305) 772 2662
Date Daytime Phone #

CR2E034B (12/02)