## 2002 Uniform Business Report (UBR)

## Mar 28, 2002 8:00 am Secretary of State P01000095642 **DOCUMENT #** 1. Entity Name KINGSWOOD INVESTMENTS USA, INC. 03-28-2002 90040 012 \*\*\*150.00 Mailing Address Principal Place of Business 145 ORQUIDEA AVENUE 145 ORQUIDEA AVENUE CORAL GABLES FL 33143 CORAL GABLES FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 (NOTE: Registered Agent signature required when reinstating) 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 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Change ☐ Addition **PSTD** TITLE TITLE ☐ Delete LOPEZ, JORGE O NAME NAME 145 ORQUIDEA AVENUE STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33143** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME ROMAN, NORBERTO NAME STREET ADDRESS 145 ORQUIDEA AVENUE STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33143** CITY-ST-ZIP Change ---- Addition= = 🖃 : Delete = = = = ∝TITLE: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TIT! E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

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