## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## May 24, 2002 8:00 am Secretary of State P01000100566 DOCUMENT # 1. Entity Name 05-24-2002 91279 048 \*\*\*150 00 PARK INTERNATIONAL TOWER, CORP. Mailing Address Principal Place of Business C/O ROTH, ROUSSO & DARRACH, P.A. C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD.. SUITE 360 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD FL 33021 Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida entity submits this statem 8. The above name SIGNATURE J Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition ☐ Change ☐ Delete TITLE TITLE GIAMMARINO, ROBERTO NAME NAME DON BOSCO 1140 SAN ISIDRO, STREET ADDRESS STREET ADDRESS **BUENOS AIRES, ARGENTINA** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE GIAMMARINO, IGNACIO NAME NAME DON BOSCO 1140 SAN ISIDRO. STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BUENOS AIRES, ARGENTINA** CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

**FILED**