

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

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90021 020 ***150.00

DOCUMENT # P01000100719	
1. Entity Name KOVITOS CORP.	

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50033061

2. Principal Place of Business 9300 DIXIE HIGHWAY Suite, Apt. #, etc. #201		3. Mailing Address Suite, Apt. #, etc. 	
City & State Miami, FL		City & State 	
Zip 33156	Country 	Zip 	Country

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DO NOT WRITE IN THIS SPACE	4. FEI Number 201251175		Applied For ☐
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name MOSARIO HANZANO Street Address (P.O. Box Number is Not Acceptable) 9300 Dixie Highway #201 City Miami FL Zip Code 33156		

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: *Mosario Hanzano* (NOTE: Registered Agent signature required when reappointing)

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 ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE President	NAME MOSARIO HANZANO	TITLE 	NAME
STREET ADDRESS 9300 Dixie Highway #201	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-STATE-ZIP Miami, FL 33156	CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP
TITLE Vice-President	NAME SANTIAGO COBO HANZANO	TITLE 	NAME
STREET ADDRESS 9300 Dixie Highway #201	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-STATE-ZIP Miami, FL 33156	CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP
TITLE Secretary	NAME ALVARO COBO HANZANO	TITLE 	NAME
STREET ADDRESS 9300 Dixie Highway #201	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-STATE-ZIP Miami, FL 33156	CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP

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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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mosario Hanzano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

CR2E0348 (12/02)