

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P01000110208

1. Entity Name
CAMPOLINA, CORP.

FILED
02 OCT 18 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6761 NW 112 Ave Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Miami, FL 33178		City & State	
Zip 33178	Country Dade	Zip	Country

4. FEI Number 65-1153510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

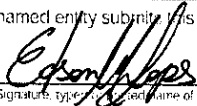
DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
EDSON M. LOPES Jr.
Street Address (P.O. Box Number is Not Acceptable)
6761 NW 112 Ave
City MIAMI FL Zip Code 33178

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  10/15/2002
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Edson M. Lopes Jr. 6761 nw 112 Ave Miami, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000008725800 10/31/02--01050--016 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Roney A. Silva 4704 NW 114 Ave-#317 Miami, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  10/15/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034B (12/01)

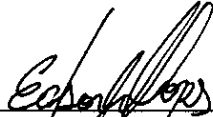
20f2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that for unknown reasons I have not received any notice from the Division of Corporations in respect with my Corporation **CAMPOLINA, CORPORATION.**

Thank you for your courtesy in this matter.



EDSON M. LOPES Jr.
PRESIDENT