

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

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90010 008 ***150.00

DOCUMENT # P01000120735
1. Entity Name
ALTAMAR, INC. ✓

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1223 Lincoln Road	3. Mailing Address 1223 Lincoln Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

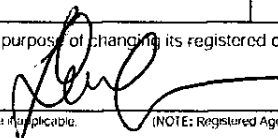
City & State Miami Beach, Florida	City & State Miami Beach, Florida	4. FEI Number 01-0567656	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33139	Country USA	Zip 33139	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **THOMAS G. SHERMAN, ESQ., P.A.**
Street Address (P.O. Box Number is Not Acceptable)
218 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134
City **Coral Gables** **FL** Zip Code **33134**

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  DATE **1/24/02**
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-registering)

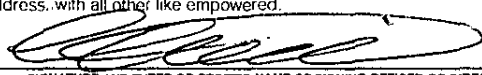
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE President	NAME Claudio Giordano	TITLE	NAME
STREET ADDRESS 1111 Crandon Boulevard, #B110610	CITY-ST-ZIP Key Biscayne, Florida	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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:  DATE **1/24/02** DAYTIME PHONE # **305 532 3061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR