

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90123 017 ***150.00

DOCUMENT # P02000036765

1. Entity Name

Aconcagua Investments Corp.



DO NOT WRITE IN THIS SPACE

90018482

2. Principal Place of Business
6000 GLADES ROAD

3. Mailing Address
1551 Zenith Way

Suite, Apt. #, etc.
1209A

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
Weston, FL

4. FEI Number
03-0437658

Applied For
Not Applicable

Zip
33431

Country
USA

Zip
33327

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mariana Schusterman

Street Address (P.O. Box Number is Not Acceptable)

1551 Zenith Way

City
Weston

FL

Zip Code
33327

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

2/1/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
President Jorge Schusterman 1551 Zenith Way Weston FL 33327	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/03

Date

(954) 385-3196

Daytime Phone #

CR2E034B (12/02)