2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P02000045506

1. Entity Name

WASSERTONE, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90939 006 ***150.00

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Principal Place of Business Mailing Address 1725 MAIN STREET SUITE NO. 205 1725 MAIN STREET SUITE NO. 205 WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address PLACE BUSINESS. 11313 NW 6 SAME Suite, Apt. #, etc. Suite, Apt. #, etc. TH CHECK HERE IF MAKING CHANGES City & State City & State M l AApplied For M/AN01-0736233 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U-5. A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOVAR, ILEANA ARIAS ESQ Street Address (P.O. Box Number is Not Acceptable) 1725 MAIN STREET SUITE NO. 205 WESTON FL 33326 City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DE ANGELIS, GUSTAVO E ANDERIS, EUSTAVO NAME 1725 MAIN STREET SUITE NO. 205 STREET ADDRESS 41313 NW 65 STREET STREET ADDRESS CITY-ST-ZIP Weston FL 33326 CITY-ST-ZIP <u>miami, FL 33178</u> TITLE ☐ Delete TITLE Addition NAME DE ANGELIS, GUSTAVO DE ANGERIS, EVSTAND 11313 NN 65 STREET NAME STREET ADDRESS 1725 MAIN STREET SUITE NO. 205 STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 Block 11 if

SIGNATURE:

786-845-9397