Feb 20 03 04:11p EXPRESS 305-

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91522 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095667

1. Entity Name
FORTOUL GROUP , INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
999 BRICKELL BAY DR.	999 BRICKELL BAY DR.
Suite, Apt. #, etc. 301	Suite, Apt. #, etc. 301
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33131 Country U S A	Zip 33131 Country U S A

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3868644 ☐ Applied For ☐ Not Applicable

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: ARTURO DE LA ESPRIELLA

Street Address (P.O. Box Number is Not Acceptable): 999 BRICKELL BAY DR.

SUITE 301

City: MIAMI FL Zip Code: 33131

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: X _____ (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	P
NAME	ARTURO DE LA ESPRIELLA
STREET ADDRESS	999 BRICKELL BAY DR. # 301
CITY-ST-ZIP	MIAMI FL 33131
TITLE	V/P
NAME	LEONARDO ROA
STREET ADDRESS	999 BRICKELL BAY DR. # 301
CITY-ST-ZIP	MIAMI FL 33131
TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E045 (1/00)

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: X _____ 04/23/03 305-415-9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #