

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90202 004 ***150.00

DOCUMENT # P02000102566

1. Entity Name
BYNINA CORP.



Principal Place of Business
% MICHAEL ORTIZ
2121 PONCE DE LEON SUITE 330
CORAL GABLES, FL 33134

Mailing Address
% MICHAEL ORTIZ
2121 PONCE DE LEON SUITE 330
CORAL GABLES, FL 33134

10052597

2. Principal Place of Business
2627 NE 203RD ST
Suite, Apt. #, etc.
111

3. Mailing Address
2630 NE 203RD ST
Suite, Apt. #, etc.
106

City & State
Aventura Florida
Zip
33180

City & State
Aventura Florida
Zip
33180

4. FEI Number
01-0630635

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
2121 PONCE DE LEON
SUITE 330
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **Millennia Consulting Services Inc**
Street Address (P.O. Box Number is Not Acceptable)
2630 NE 203RD ST
106
City **Aventura** **FL** Zip Code **33180**

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

[Signature]

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

03-28-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD Ortiz, Michael** ☒ Delete
STREET ADDRESS **2121 Ponce de Leon #330**
CITY-ST-ZIP **Coral Gable, FL 33134**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **PRESIDENT** ☐ Change ☒ Addition
STREET ADDRESS **Badin, Carlos E.**
CITY-ST-ZIP **2333 Brickell Ave #1407**
Miami FL 33129

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

03-28-03

CR2E034 (10/02)