


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

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90129 035 \*\*\*158.75

**DOCUMENT #** P02000103236

1. Entity Name  
**WIRE MESH CORP.**



Principal Place of Business  
8761 PERIMETER PARK BLVD  
SUITE 200  
JACKSONVILLE FL 32216

Mailing Address  
8761 PERIMETER PARK BLVD  
SUITE 200  
JACKSONVILLE FL 32216

2. Principal Place of Business  
**FAYE ROAD + NEW BERLIN**

3. Mailing Address  
**121 WEST FORSYTH STREET**

Suite, Apt. #, etc.  
**800**

City & State  
**JACKSONVILLE, FL.**

City & State  
**JACKSONVILLE, FL.**

Zip  
**32226**

Country  
**U.S.A.**

Zip  
**32202**

Country  
**U.S.A.**

4. FEI Number  
**43-1976421**

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**

**CAPITOL CORPORATE SERVICES, INC.**  
**1333 NORTH DUVAL ST.**  
**TALLAHASSEE FL 32226**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** 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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AVENDANO, FRANCISCO G</b>	
STREET ADDRESS	<b>NEW BERLIN AND FAYE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32226</b>	
TITLE	<b>CHAIRMAN/DIR</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CHAIRMAN/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSE IGNACIO SALA MILEGO</b>	
STREET ADDRESS	<b>121 WEST FORSYTH STREET, SUITE 800</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32202</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUIS BARRENECHEA</b>	
STREET ADDRESS	<b>121 WEST FORSYTH STREET, SUITE 800</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32202</b>	
TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JUAN CARLOS SALA</b>	
STREET ADDRESS	<b>121 WEST FORSYTH STREET, SUITE 800</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32202</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 Required** President. 3-10-03 904 358 1182

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

CR2E034 (10/02)