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Secretary of State
04-14-2004 90055 025 ***150.00

44028875

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000074260

1. Entity Name: Batista, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7967 W 28 Ave	7967 W 28 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fl	City & State: Hialeah Fl
Zip: 33016 Country: USA	Zip: 33016 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 55-0839947 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Hugo Martin

Street Address (P.O. Box Number is Not Acceptable): 8425 NW 170th St

City: Hialeah FL Zip Code: 33015

DO NOT WRITE IN THIS SPACE

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 X [signature] Vice President 04/08/04

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	President
NAME	Hugo Martin
STREET ADDRESS	8425 NW 170 th st
CITY-ST-ZIP	Hialeah, Fl. 33015
TITLE	Vice President
NAME	Omar Fernandez
STREET ADDRESS	2486 W 74 st
CITY-ST-ZIP	Hialeah, Fl. 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X [signature] Vice President 04/08/04 305 610 7485

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

CR2E034B (12/02)