

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90151 036 ***150.00

DOCUMENT # P93000016883**1. Entity Name**
DAVOS FINANCIAL CORP.**Principal Place of Business****1001 S. BAYSHORE DR.**
2104
MIAMI FL 33131
US**Mailing Address****1001 S. BAYSHORE DR**
2104
MIAMI FL 33131
US**2. Principal Place of Business****1001 BRICKELL BAY DR.**Suite, Apt. #, etc.
#2104**3. Mailing Address****1001 BRICKELL BAY DR.**Suite, Apt. #, etc.
#2104**City & State**
MIAMI FL**City & State**
MIAMI FL**4. FEI Number** **65-0399063**Applied For
Not Applicable**Zip**
33131**Country****Zip**
33131**Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****OSIO, DAVID**
5537 NW 105 CT.
MIAMI FL 33178**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.****SIGNATURE**

Signature, typed or printed 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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PS** ☐ Delete
NAME **OSIO, DAVID J.**
STREET ADDRESS **1001 S. BAYSHORE DR. STE. 2104**
CITY-ST-ZIP **MIAMI FL 33131****TITLE** **PS** ☒ Change ☐ Addition
NAME **OSIO, DAVID J.**
STREET ADDRESS **1001 BRICKELL BAY DR. #2104**
CITY-ST-ZIP **MIAMI FL 33131****TITLE** **VP** ☐ Delete
NAME **SOTILLO, ANDRES O**
STREET ADDRESS **1001 S. BAYSHORE DR. STE. 2104**
CITY-ST-ZIP **MIAMI FL 33131****TITLE** **VP** ☒ Change ☐ Addition
NAME **SOTILLO ANDRES O.**
STREET ADDRESS **1001 BRICKELL BAY DR. #2104**
CITY-ST-ZIP **MIAMI, FL. 33131****TITLE** ☐ Delete
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CITY-ST-ZIP**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE: X**

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. OSIO PRES. 01/25/01 305.577-8999

Date

Daytime Phone #

CR2E034 (10/00)