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2002 Uniform Business Report (UBR)

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JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State P93000028568 DOCUMENT # 1. Entity Name 04-16-2002 90105 023 ***150.00 SURSUM-CORDA INCORPORATED Principal Place of Business Mailing Address 541 GOLDEN HARBOUR DR 541 GOLDEN HARBOUR DR **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0419460 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMEGLIO, JORGE Street Address (P.O. Box Number is Not Acceptable) 541 GOLDEN HARBOUR DR **BOCA RATON FL 33432** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Addition TITLE AMEGLIO, JORGE NAME NAME 541 GOLDEN HARBOUR DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KRISNA KARINA AMEGLO NAME NAME 541 GOLDEN HARBOUR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP DVP TITLE Delete TITLE ☐ Change ☐ Addition PARENTEAU, FABIOLA NAME NAME 541 GOLDEN HARBOUR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition DORATI, SOLMORAINE NAME NAME 1541 GOLDEN HARBOUR DR STREET ADDRESS STREET ADDRESS BOCA RATON FL 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition AMEGLIO, MONICA I NAME NAME 541 GOLDEN HARBOUR DR STREET ADDRESS STREET ADDRESS IBOCA RATON FL 33432 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the indicated on this report or supplemental report is rue of the corporation or the receiver or trustee empower filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if