2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400026740 1. Entity Name STARWIND MANAGEMENT CORP.							May 05, 2002 8:00 an Secretary of State 05-05-2002 90070 022 ***150.00				
Principal Place of Business 200 SO BISCAYNE BLVD STE 2000 MIAMI FL 33131-2310 US			Mailing Address 200 SO BISCAYNE BLVD STE 2000 MIAMI FL 33131-2310 US								
2. Principal F		ess	3. Mailing Address				T LOCALISATI TIIN USANY BURIN BONIN BANIN BONIN BONIN 1991 BANIN 1991 AND 1891 AND 1891 AND 1891 AND 1891 AND 1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City'& State			City & State				4. FE	65-0497357			oplied For of Applicable
Zìp		Country	Zip	Cour	ntry		5. Ce	ertificate of Status Desired		8.75 Add ee Require	
	6. Name	and Address of Current R	legistered Agent		Name		7. Na	ame and Address of New Re	gistered A	jent	
MEYER, JAMES M KILPATRICK STOCKTON LLP 200 SO BISCAYNE BLVD STE 2000					Name Street A	Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131-2310					City	FL Zip Coo					е
Tax filing (See crite	Signature, typed oration.is.eligi	or printed name of registered agent artible to satisfy its Intangible. and elects to do so.	FILE NOW After May 1, 2 Make Check Paya	/!!! FEE 002 Fee able to D	will be \$.00	e	- 10. Election Campaign Fina Trust Fund Contribution		Added	May Be
11.	loco	OFFICERS AND D		12. TITL		IDD.	ADD	OITIONS/CHANGES TO OFFICE		DIRECTORS Change	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD QUTIERREZ, ESPERANZA NA 200 S BISCAYNE BLVD STE 2000 MIAMI FL 33131					Juan Francisco Villaverde 200 S. Biscayne Blvd., Ste 2000 Miami FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZOU O BIOCATTIC DEVE OTE 2000					.E VTSD Change ₺ A					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			Mian	11,	<u> </u>		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		\sim (Delete		•	:				Change	☐ Addition
13. I hereby	certify that the	e information supplied with	this filing does not qualify f	or the exe	emption sta	ted in Sec	ction 1	19.07(3)(i), Florida Statutes. I	further certi	y that the ir	nformation

indicated on this report or supplemental eport is frue 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 en powered 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: LEV S CHRIUMER ERE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #