2000 UNIFORM BUSINESS REPORT (UBR)

Jun 14, 2000 8:00 am Secretary of State DOCUMENT # **P94000091653** 1. Entity Name NACASCOLO STUD, INC. 06-14-2000 90002 048 ***550.00 Mailing Address Principal Place of Business ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD. ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD. STE. 3400 STE. 3400 1101164073 MIAMI FL 33131 MIAMI FL 33131-1897 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0544088 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD. STE. 3400 MIAMI FL 33131-1897 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 (NOTE: Registered Agent signature required when reinstating) DATÉ Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE CALDERON, RAFAEL A NAME NAME STREET ADDRESS 3598 YACHT CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO. MIAMI BEACH FL ☐ Addition ☐ Delete TITLE Change TITLE NAME QUIROS, JAVIER R NAME STREET ADDRESS STREET ADDRESS 3598 YACHT CLUB DRIVE CITY-ST-ZIP CITY-ST-ZIP NO. MIAMI BEACH FL DVPT ☐ Addition TITLE TITLE Delete GILLEN, GUILLERMO C NAME NAME STREET ADDRESS STREET ADDRESS 3598 YACHT CLUB DRIVE CITY-ST-ZIF CITY-ST-ZIP NO. MIAMI BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T7 Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED