2003 FOR PROFIT CORPORATION ้ซึฟเFORM BUSINESS REPORT (UBR

DOCUMENT #

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Mar 19, 2003 8:00 am §
Secretary of State 1. Entity Name 03-19-2003 90174 037 ***150.00 NACASCOLO STUD. INC. Principal Place of Business Mailing Address 200 SOUTH BISCAYNE BLVD. 200 SOUTH BISCAYNE BLVD. STE, 4100 STE, 4100 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0544088 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 CORPORATE INTERNATIONAL REGISTERED AGENTS Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. STE, 4100 **MIAMI FL 33131** Zip Code City 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 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition CALDERON, RAFAEL A NAME NAME STREET ADDRESS 20486 W DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP ☐ Delete **DVPS** ☐ Change ☐ Addition TITLE TITLE QUIROS, JAVIER K NAME NAME STREET ADDRESS 20486 W DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180** CITY-ST-ZIP DVPT-Delete TITLE ☐ Change M Addition TITLE. CAldeRON, GlORIA GILLEN. GUILKERMO C NAME NAME 20486 W. DIXIE HIGHWAY STREET ADDRESS 20486 W DIXIE HIGHWAY STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP 0818E IF HIDNIBSACH FL 33180 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

FILED