FILED

2002 Uniform Business Report (UBR)

Mar 19, 2002 8:00 am P95000005822 DOCUMENT # **Secretary of State** 1. Entity Name PEDRO ROVIRA USA, INC. 03-19-2002 90002 017 ***150.00 Principal Place of Business Mailing Address 2828 CORAL WAY 2828 CORAL WAY #450 #450 MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number 65-0551563 Not Applicable 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 PERRINO, PEDRO Street Address (P.O. Box Number is Not Acceptable) 1541 BRICKELL AVE. SUITE C2206 **MIAMI FL 33129** Zip Code 8. The above named pose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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 5 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Addition CR2E034 (9/01) TITLE TITLE LACURTE, JUAN LACORTE, JOAN NAME-NAME 2828 CORAL WAY - SUITE 450 STREET ADDRESS 40 SW 13TH, ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33130** CITY-ST-ZIP Change **DPTS** \mathbf{DPTS} ☐ Delete TITLE ☐ Addition TITLE PERRINO, PEDRO PERRINO, PEDRO NAME NAME 1541 BRICKELL AVE - C2206 40 SW 13TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33130** CITY-ST-ZIP MIAMI. FL 33129 - Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIE Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR