DE : MORO CONSTRUCOES CIVIS LTDA NO. DE FAX : 041 2447607

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91287 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051968

Entity Name
CERIGNOLA TRADING, INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. SUITE 601 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD. SUITE 601 CORAL GABLES FL 33134

A0067706

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0847618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORDUZ, WILLIAM H
901 PONCE DE LEON BLVD SUITE 601
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORO, ALCIR L 1000 ISLAND BLVD. SUITE 201 N MIAMI BEACH 33 160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORO, ADRIANE E 1000 ISLAND BLVD. SUITE 201 N MIAMI BEACH 33 160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Alcir Moro 4-2-2001 (305)444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

800 TSS 'ON 0000000 - 00000000 WIAMI 02:51 T002/22/20