

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90373 015 ***150.00

DOCUMENT # P96000005842

1. Entity Name
ANCALMO CORP.

| | |
|---|---|
| Principal Place of Business % PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131 | Mailing Address % PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD #4874 MIAMI FL 33131 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0694033 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE _____

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|--|--|
| TITLE NAME P ANCALMO, CARLOS ENRIQUE STREET ADDRESS 200 SOUTH BISCAYNE BLVD CITY-ST-ZIP MIAMI FL 33131 <input checked="" type="checkbox"/> Delete | TITLE NAME P MARIO ENRIQUE ANCALMO STREET ADDRESS 200 SOUTH BISCAYNE BLVD CITY-ST-ZIP MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME S ANCALMO, JOSE MARIO STREET ADDRESS 200 SOUTH BISCAYNE BLVD CITY-ST-ZIP MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME T ANCALMO, ROCIO STREET ADDRESS 200 SOUTH BISCAYNE BLVD CITY-ST-ZIP MIAMI FL 33131 <input checked="" type="checkbox"/> Delete | TITLE NAME T JOSE ANTONIO MERINO STREET ADDRESS 200 SOUTH BISCAYNE BLVD CITY-ST-ZIP MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mario Enrique Ancalmo, President

4/10/02

Date Daytime Phone #

CP2E034 (9/01)