

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90078 020 \*\*\*158.75

**DOCUMENT # P96000021017**

1. Entity Name

**MINERA MASVIDAL, INC.**

Principal Place of Business

Mailing Address

**2655 LE SELINE RD**  
**500**  
**CORAL GABLES FL 33134**  
**US****P.O. BOX 143557**  
**CORAL GABLES FL 33114-3557**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2655 Le Seline Rd**  
**500**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**CORAL GABLES, FL**

City &amp; State

Zip

Country

Zip

Country

**33134****U.S.**4. FEI Number **NOT APPLICABLE**Applied For  
☒ Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ-MASVIDAL, ALBERTO**  
**2655 LE SELINE RD**  
**STE 500**  
**CORAL GABLES FL 33134**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**ALBERTO DIAZ MASVIDAL** **4/23/01**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ-MASVIDAL, ALBERTO</b>	NAME	
STREET ADDRESS	<b>11105 SW 133 CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>DIAZ-MASVIDAL ALBERTO</b>
STREET ADDRESS		STREET ADDRESS	<b>11105 S.W. 133 CT</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ALBERTO DIAZ MASVIDAL** **4/23/01**

CR2E034 (10/00)