

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022340

1. Entity Name
TORANO CORPORATION



FILED

03 MAY -5 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
~~1101 BRICKELL AVE STE 1400~~
~~MIAMI FL 33131~~

Mailing Address
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

2. Principal Place of Business
2605 South Bayshore Dr.
Suite, Apt. #, etc.
Suite 200
City & State
Miami, FL
Zip
33133

3. Mailing Address
2605 S. Bayshore Dr.
Suite, Apt. #, etc.
Suite 200
City & State
Miami, FL
Zip
33133

4. FEI Number 65-0849405
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GUTIERREZ, JR, NICOLAS J ESQ
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2605 S. Bayshore Dr.
Grand Bay Plaza, Suite 200
City Miami FL Zip Code 33133

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 *Nicolas J. Gutierrez, Jr.* Nicolás J. Gutierrez, Jr. Esq. Registered Agent 4/23/03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORANO, SANTIAGO		NAME		
STREET ADDRESS	1101 BRICKELL AVE STE 1400		STREET ADDRESS	2605 S. Bayshore Dr., Suite 200	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORANO, JESUS		NAME		
STREET ADDRESS	1101 BRICKELL AVE STE 1400		STREET ADDRESS	2605 S. Bayshore Dr., #200	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Miami, FL 33133	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, JR, NICOLAS J ESQ		NAME		
STREET ADDRESS	1101 BRICKELL AVE STE 1400		STREET ADDRESS	2605 S. Bayshore Dr., Suite 200	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Miami, FL 33133	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 all other like empowered.

SIGNATURE: *Nicolas J. Gutierrez, Jr.* Nicolás J. Gutierrez, Jr. Esq. Secretary 4/23/03 (305) 28508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)