

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90050 026 ***158.75

DOCUMENT # P96000046767

1. Entity Name
WOLFCORP, INC

Principal Place of Business

**2186 NW 87 AVE
 MIAMI FL 33172
 US**

Mailing Address

**2186 NW 87 AVE
 MIAMI FL 33172
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0668519**

Applied For
 Not Applicable

5. 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

**GONZALEZ, REINALDO
 2186 NW 87 AVENUE
 MIAMI FL 33172**

Name **CARLOS D'ALESSANDRIA**

Street Address (P.O. Box Number is Not Acceptable)

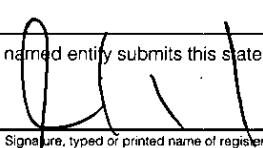
2186 NW 87 AVENUE

City **MIAMI**

FL

Zip Code **33172**

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

01/14/02

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, 2002 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 **P.** ☒ Delete
 NAME **GONZALEZ, REINALDO**
 STREET ADDRESS **2186 NW 87 AVE.**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V.** ☐ Delete
 NAME **D'ALESSANDRIA, CARLOS**
 STREET ADDRESS **2186 NW 87 AVE**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **CARLOS D'ALESSANDRIA**
 STREET ADDRESS **2186 NW 87 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D.** ☒ Delete
 NAME **RAMIREZ, FERNANDO**
 STREET ADDRESS **2AVENIDA CALLE 4 EDIFICIO MA. FERNANDA**
 CITY-ST-ZIP **MONTALBAN, CARACAS VE**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D.** ☒ Delete
 NAME **ESTABA, MARIA A**
 STREET ADDRESS **CR CARONI PLAZA EDIFICIO CE P2 # 1**
 CITY-ST-ZIP **PUERTO OROAZ, ESTADO BOLIVAR VE**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02
 Date

3055995250
 Daytime Phone #

0271141 AV

CR2E034 (9/01)