`2002 Uniform Business Report (UBR)

of the corporation or the receiver of changed, or on an attachment with

Mar 12, 2002 8:00 am P96000054610 DOCUMENT # **Secretary of State** 1. Entity Name 03-12-2002 90030 017 ***150.00 INPAVIANCA (FLORIDA), INC. Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD., 4100 FLOOR 200 S. BISCAYNE BLVD., 4100 FLOOR MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0680032 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE INTERNATIONAL REGISTERED ACENTS, Street Address (P.O. Box Number is Not Acceptable) RJVF-CORPORATE SERVICES, INC. 200 S. BISCAYNE BLVD., 41 FLOOR **MIAMI FL 33131** SAME Zip Code 8. The above named entity submits this statement for the purpose of ging 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 applicab (NOTE: Registered Agent signature required when reinstating) ILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so (fter May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on track) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)**DPST** Change ☐ Addition ☐ Delete TITLE TITLE DPST Parra, Pilar NAME PARRA, PILAR NAME CR2E034 2 SOUTH BISCAYNE BLVD, 3400 STREET ADDRESS STREET ADDRESS 200 S. Biscayne Blvd., Ste.#4100 MIAMI FL CITY-ST-ZIP CITY-ST-78P Miami, Fl 33131 Change ☐ Addition ☐ Delete TITLE TITLE PILAR, PARRA NAME NAME PARRA, PILAR Ç STREET ADDRESS 2 SOUTH BISCAYNE BLVD, #3400 200 S. Biscayne Blvd., Ste.# 4100 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 Miami, Fl 33131 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change __ Addition TITLE ☐ Delete TITLE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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

s report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #

FILED