## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND 1

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## FILED DOCUMENT # P98000021182 Feb 28, 2001 8:00 am Secretary of State CORSAIR GROUP, INC. 02-28-2001 90131 019 \*\*\*150.00 Principal Place of Business Mailing Address 2665 SOUTH BAYSHORE DRIVE 2665 SOUTH BAYSHORE DRIVE STE 601 STE 601 MIAMI FL 33133 **MIAMI FL 33133** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0819290 Not Applicable Zip Country Zip 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 DE LA CRUZ, LUIS F JR Street Address (P.O. Box Number is Not Acceptable) 241 SEVILLA AVE STE 805 **CORAL GABLES FL 33134** City Zip Code FL 8. The above named entity submits this statement se of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed o istered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSD** TIT1 F ☐ Delete ☐ Change Addition TARAFA, ALBERTO NAME NAME 2665 S BAYSHORE DR SUITE 601 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33133** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if per like empowered. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is of the corporation or the receiver or trustee changed, or on an attachment we

CR2E034 (10/00)