2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am P98000025966 **DOCUMENT # Secretary of State** 1. Entity Name 02-11-2002 90219 044 ***150.00 DISA INVESTMENTS INC. Principal Place of Business Mailing Address 540 BRICKELL KEY DRIVE., #1213 540 BRICKELL KEY DRIVE.. #1213 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 540 Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #1213 Applied For City & State 4. FEI Number 65-0820592 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOPEZ, PETER M ESQ Street Address (P.O. Box Number is Not Acceptable) % ROLLNICK & LINDEN, P.A. 133 SEVILLA CORAL GABLES FL 33134 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Addition TITLE ☐ Change TITLE ☐ Delete ALBANO, ANTONIO NAME CR2E034 STREET ADDRESS STREET ADDRESS 540 BRICKELL KEY DRIVE., #1213 CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE DE ALBANO, CATERINA S NAME NAME STREET ADDRESS 540 BRICKELL KEY DRIVE., #1213 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition ☐ Delete TITLE ALBANO, DOMENICO NAME STREET ADDRESS 540 BRICKELL KEY DRIVE., #1213 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change Addition ☐ Delete TITLE ALBANO, GIOVANNA NAME NAME 540 BRICKELL KEY DRIVE., #1213 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TÍTI É ☐ Delete 11X (1721 1922 NAMÈ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information suppli-indicated on this report or supplementar

of the corporation or the receiver or tr changed, or on an attachment w

BANO DOMENICO 01/23/02

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information opt 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED