2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCU.	MENT # P9800	0088915				FILED			
KONSTELLATION ENTERPRISES CORP.					1	03 OCT -6 AM 10: 47			
				O WE TO	┨	SECRETARY OF CTA-			
Principal Place of Business Mailing Address 16545 S.W. 83RD AVENUE 2121 PONCE DE LEON						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MIAMI FL 33157 SUITE 240						TOTILDA			
CORAL GABLES FL 33134				. 18					
2. Principal Place of Business 10471 N. KEUDIL DRNG 10471 N. KEU				Driva	 (***	the second of th	· 12 14) 7	
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.			U	CHECK HERE-IF MAKIN			
City & Stat	emi - To	 	ما _		4. FI	65-0877773	No	oplied For ot Applicable	
Zip 3 3) 7	FG MAM, MA		Country	· Dote	<u> </u>	ertificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent		lame	<u>7.⊳N</u>	ame and Address of New Registered	Agent		
PRATS, G	_	- P/04	762	1 2/12		·			
2121 PONCE DE LEON BLVD				treet Address (P.O. Bo	Mymber is Not Acceptable)			
SUITE 240				Min					
CORAL GABLES FL 33134				ity	` ' _	FL	Zip Code		
he above	named entity submits this statement for	the purpose of changing its r	registered o	ffice or register	ed age	nt, or both, in the State of Florida. I am		and accept	
	ions of registered agent.		9.2.2.2						
 Signature		<u> </u>				9,2	<u>~1~03</u>		
	Signature, typed or printed name of registered agents	nd tith if applicable. (NOTE:	Registered Age	ent signature required	when rein	nstating) DATE			
After Sep	ILE NOW!!! FEE IS \$550.00 Obtember 10, 2003 Fee will be \$750. Tay a payable to Florida Department of	•	r			Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND I	DIRECTORS	11,		ADE	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
ITLE	PTD	☐ Delete	TITLE				☐ Change	Addition	
IAME TREET ADDRESS	BOTTINI, MARCELO 16545 SW 83 AVENUE		NAME Street Al	nnaece					
ITY-ST-ZIP	MIAMI FL 33157		CITY-ST-	l l		_7000235902	277		
ITLE	VSD	☐ Delete	TITLE			10/06/0301073014	the light of	IŪ _{□ Addition}	
IAME	SAS, ROBERT		NAME						
TREET ADDRESS	16548 SW 63 AVENUE MIAMI EC 38157 873	JW 1294 AUC	STREET AL					,	
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ITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-	IP L					
	ertify that the information supplied with on this report or supplemental report is								

indicated on this report or supplemental peport's true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee emptywered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec

9-24-03

305-274-1008 Daytime Phone #

Date

CR2E034 (4/03)

KONSTELLATION ENTERPRISES CORP.

10471 N. Kendall Drive Suite 104-B Miami, FL 33176

September 24, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Ref: Document # P98000088915

To Whom It May Concern:

It has recently been brought to my attention that I am late in filling the Uniform Business Report (UBR) for my corporation. This late filling has not been brought upon by negligence but by an incorrect mailing address. The first notification was mailed to my organization's previous accounting firm. I have switched accounting firms since the original filing. The accounting firm upon receiving the initial correspondence did not notify me. Upon receiving the second correspondence, I was contacted by the accounting firm and made aware on September 24th of the situation but only after missing the second deadline. Due to the aforementioned circumstances I would like for the Division of Corporations to please consider waiving the late fees. I have enclosed my check of 150.00 in good faith.

Thanking you beforekand for your consideration.

Killdest regards.

Marcelo Bottini

President