

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90065 011 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000024508
1. Entity Name
OVNI CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3440 HOLLYWOOD BLVD
Suite, Apt. #, etc. 360
City & State HOLLYWOOD - FLORIDA
Zip 33021 Country USA

3. Mailing Address
3440 HOLLYWOOD BLVD
Suite, Apt. #, etc. 360
City & State HOLLYWOOD - FLORIDA
Zip 33021 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0910713
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor

City Miami FL Zip Code 33145

8. The above named agent has been authorized for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By: *Natalia Utrera*
Natalia Utrera, P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE DIRECTOR - SECRETARY - PRES. TRS.
NAME PEREZCAN, NORBERTO
STREET ADDRESS ALSPINA 1216 5 PISO CAPITAL FEDERAL
CITY - ST - ZIP BUENOS AIRES - ARGENTINA

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #