2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000040782 May 17, 2000 8:00 am Secretary of State 1. Entity Name TESSA CAPITAL, INC. 03-01-2000 90100 007 ***150.00 Principal Place of Business Mailing Address 444 BRICKELL AVENUE SUITE 300 444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131-2472 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 1101 Brickell Hanue 1101 Brickell Avenue North Tower, Suite 1003 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE North Tower Applied For 4. FEI Number 65-0924795 City & State City & State Miami, Florida Hiami, Florida Not Applicable zip 33<u>13</u>1 Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. 33131-Fee Required A. 2-U 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERKIN, STEWART A Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Managing Director CR2E034 (9/99) ☐ Addition Change Delate TITLE TITLE Ulysses Diniz 711 Crandon Blud Resort Villas II, NAME NAME STREET ADDRESS STREET ADDRESS PHI-Key Biscayne, Fl. 33149 CITY-ST-7IP CITY - ST - ZIF managing Director ☐ Addition Change Delete TITLE TITLE Fernando Hadba NAME NAME 701 Brickell Key BD 610 STREET ADDRESS STREET ADDRESS .FL 33131 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Dekite TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statut indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made unto the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Ploydar Statutes; but that my rechanged, or on an attachment with an address, with all-other like empowered. es. I further certify that the information er oath; that I am an officer or director ame appears in Block 11 or Block 12 if SOME PROPERTY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR