FROM : PINTURAS LUMI TON PHONE NO. : 6228569
Apr 23 02 04:40p DE LA HOZ & ASSOCIATES,PA 30

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91339 045 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107200

1. Entity Name
COMERCEN, CORP.

Principal Place of Business
304 PALERMO AVENUE
CORAL GABLES FL 33134

Mailing Address
304 PALERMO AVENUE
CORAL GABLES FL 33134

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 65-1010834 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LUIGI CAPUTO, GIORGIO
304 PALERMO AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAPUTO, GIORGIO LUIGI 304 PALERMO AVENUE CORAL GABLES FL 33134	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE LA HOZ, JORGE 304 PAFERMO AVE CORAL GABLES FL 33134	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Giorgio Caputo
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #