

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90086 023 ***150.00

DOCUMENT # P99000107638

1. Entity Name
BANCASA INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10050 N.W. 6th Court

3. Mailing Address
10050 N.W. 6th Court

Suite, Apt. #, etc.
Bay 11

Suite, Apt. #, etc.
Bay 11

City & State
Pembroke Pines

City & State
Pembroke Pines

Country
33024

Country
33024

4. FEI Number
650994764

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Hector J. Mir

Street Address (P.O. Box Number is Not Acceptable)

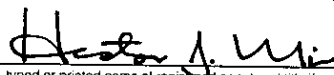
2655 Le Jeune Road, Suite 1107

City Coral Gables

FL

Zip Code 33134

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 
Signature, typed or printed name of registered agent and title if applicable.

Hector J. Mir

(NOTE: Registered Agent signature required when reinstating)

4/24/02
DATE

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | | | | |
|---------------------------------------|-----------------------|--------------------|-----------------------------|--|--|--|--|
| PD | Gaviria, Juan Carlos | 1865 Bay Terrace | North Bay Village, FL 33141 | | | | |
| VD | Jaramillo, Juan Pablo | 1509 Meadows Blvd. | Weston, FL 33327 | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)