## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 20, 2002 8:00 am Secretary of State DOCUMENT # S40260 1. Entity Name ESCALA, INC. 05-20-2002 90111 048 \*\*\*150.00 Principal Place of Business Mailing Address 3301 NE 5 AVE 3301 NE 5 AVE MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 9343 - 5w 4 Mailing Address 9343 Sw 4 DO NOT WRITE IN THIS SPACE City & State . City & State 4. FEI Number Applied For 65-0340286 FL Mani wam. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3174 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rodulquez, Nester RODRIGUEZ, NESTOR Street Address (P.O. Box Number is Not Acceptable) 3301 NE 5 AVE #411 9343 SW 4 Lane MIAMI FL 33137 8. The above named entity bights 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 R2E034 (9/01) Delete ☐ Addition TITLE Rodriguez, Nextor A. 93435W 4 Lane Miami, FC 33174 RODRIGUEZ, NESTOR A. NAME NAME 4621 LAKE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **MIAMI FL 33137** CITY-ST-ZIP **VPD** Delete TITLE ☐ Addition BENEDINI, LUIZ F NAME NAME 343 Sw & Lane 4621 LAKE ROAD STREET ADDRESS STREET ADDRESS Miamir R 33174 MIAMI\_FL.33137. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information sumplied 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 this telegraphy and the 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 appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR