FILED

Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

SIGN

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 07, 2002 8:00 am Secretary of State S79181 DOCUMENT # 1. Entity Name 04-07-2002 90059 024 ***150 00 FERROL INVESTMENTS CORP. Principal Place of Business Mailing Address C/O ULISES WILTZ C/O ULISES WILTZ 7445 SW 34TH TERR 7445 SW 34TH TERR MIAMI FL 33155 MIAMI FL 33155 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0281286 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILTZ, ULISES Street Address (P.O. Box Number is Not Acceptable) 7445 SW 34TH TERR **MIAMI FL 33155** Zip Code nept for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named eptity. (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 CR2E034 (9/01 TITLE Delete TITLE □ Change Addition VARELA PARRA, EVARISTO NAME NAME **7445 SW 34TH TERR** STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP CITY-ST-ZIP TITLE VD. ☐ Delete TITLE ☐ Change ☐ Addition LOPEZ GONZALEZ, MARIA DEL CARM NAME NAME 7445 SW 34TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP STD ಅಪ್ರಾಡಂಹಾಗುವು TITLE 🅶 `⊡:Delete --TITLE -- Change ☐ Addition VARELA LOPEZ, EVARISTO NAME NAME STREET ADDRESS 7445 SW 34TH TERR STREET ADDRESS CITY - ST-7IP MIAMI FL 33155 CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Afrils filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and adcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director proceed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supply indicated on this report or supplemental of the corporation or the receiver or tr changed, or on an attachment