

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

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90165 048 \*\*\*150.00

DOCUMENT # **584987** ✓  
1. Entity Name  
**SORTEVER LIMITED, INC.**

**DO NOT WRITE IN THIS SPACE**

**93982**

2. Principal Place of Business  
**MIAMI BEACH**  
Suite, Apt. #, etc.

3. Mailing Address  
**2900 PRAIRIE AVE.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI BEACH FL**  
Zip  
**33140** Country

City & State  
Zip Country

4. FRT Number  
**05-0617736** Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **MASSIMO BARRACCA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2900 PRAIRIE AVENUE**  
City **MIAMI BEACH** FL Zip Code **33140**

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 **X**  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

**6/14/2002**  
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 \$350.00**  
**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	<b>Pres MASSIMO BARRACCA 2900 PRAIRIE AVE MIAMI BEACH FL 33140</b>
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.

SIGNATURE: **X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02** (305) 534-5588  
Date Daytime Phone #

CR2ED348 (12/01)

**SORTEVER LIMITED, INC.**

Attachment  
Document #  
S84987  
93982

June 14, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500  
Attn: Annual Reports Section

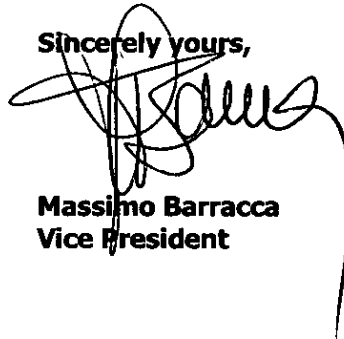
Re: File Reference #S84987

Dear Sir or Madam:

Enclosed herewith please find the updated Uniform Business Report for our corporation, FEIN 65-0617736.

You are hereby advised that the "Current Registered Agent" from now on will be myself.

Sincerely yours,



Massimo Barracca  
Vice President

Enclosure