

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000015111

Entity Name: ZUP INNOVATION CORP**Current Principal Place of Business:**299 ALHAMBRA CIRCLE
SUITE 403
CORAL GABLES, FL 33134**Current Mailing Address:**299 ALHAMBRA CIRCLE
SUITE 403
CORAL GABLES, FL 33134**FEI Number:** 88-1012160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUBOSTART LLC
299 ALHAMBRA CIRCLE
SUITE 403
CORAL GABLES, FL 33134 US*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:** FERNANDO CARIELLO FOR CUBOSTART LLC

04/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DCEO
Name PIEROBON, BRUNO
Address AVE RONDON PACHECO, 4600.
FLOOR 7 & 8
City-State-Zip: UBERLANDIA MG 38405--142

Title T
Name ZIGGIATTI, RAFAEL
Address AVE RONDON PACHECO, 4600.
FLOOR 7 & 8
City-State-Zip: UBERLANDIA MG 38045--142

Title D,O
Name ALMEIDA, FELIPE
Address AVE RONDON PACHECO, 4600.
FLOOR 7 & 8
City-State-Zip: UBERLANDIA MG 38045--142

Title D,VP
Name DEBS, GUSTAVO
Address AVE RONDON PACHECO, 4600.
FLOOR 7 & 8
City-State-Zip: UBERLANDIA MG 38045--142

Title S
Name CUBOSTART LLC
Address 299 ALHAMBRA CIRCLE, SUITE 403
City-State-Zip: CORAL GABLES FL 33134

Title O
Name ESTEVES FILHO, GILMAR
Address 12340 ALAMEDA TRACE CIRCLE #
2809
City-State-Zip: AUSTIN TX 78727

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FERNANDO CARIELLO FOR CUBOSTART LLC

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04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date