2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 JUL 17 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000078 AT

DOCUMENT # A32754

1. Entity Name

VITTORIO HOLDINGS, LTD.

Principal Place of Business	Mailing Address
285 NW 199 STREET SUITE 204 MIAMI FL 33169	285 NW 199 STREET SUITE 204 MIAMI FL 33169

2. Principal Place of Business	3. Mailing Address
2444 PROVENCE CIRCLE	GELBER & COMPANY 11450 Interchange Circle North Miramar, Florida 33025
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON FL	City & State
Zip: 33327 Country: USA	Zip: ~~33327~~ Country: ~~USA~~

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0321076 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GELBER, RONALD S GELBER & COMPANY 285 NW 199 STREET, SUITE 204 MIAMI FL 33169	Name Street Address (P.O. Box Number is Not Acceptable) 11450 INTERCHANGE CIRCLE NORTH City MIRAMAR FL Zip Code 33025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ronald S Gelber DATE 7/10/02

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$503,468.54		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	2444 PROVENCE CIRCLE
NAME	BECERRA, JOSEPH	CITY-ST-ZIP	WESTON, FL 33327
STREET ADDRESS	285 NW 199 STREET, SUITE 204		
CITY-ST-ZIP	MIAMI FL 33169		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700006584207--5
NAME		CITY-ST-ZIP	-07/23/02--01018--007
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (4/02)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ✓ SIGNATURE REQUIRED 7/15/2 954 463 7118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #