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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # F03100 1. Entity Name GREAT IMPORT & EXPORT, CORP. 04-12-2001 90163 030 ***158.75 Principal Place of Business Mailing Address 2950 N.W. 75TH AVENUE 2594 W. 84TH ST. MIAMI FL 33122 MIAMI FL 33016 2. Principal Place of Busines 3. Mailing Address 2594 W 2594 W.: Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-2166316 M_i AmiMirmi Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -- - TOBON, JUAN CARLOS-2950 N.W. 75TH AVENUE MIAMI FL 33122 8. The above named entity submits this state grant for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete NAME TOBON, JUAN CARLOS NAME STREET ADDRESS STREET ADDRESS 2950 N.W. 75TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 TITLE ☐ Delete Change NAME KOSLOW, LAWRENCE E NAME STREET ADDRESS STREET ADDRESS 100 NORTH 6THSTREET, STE. 300A CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55402 TITLE ☐ Delete TITLE ☐ Addition NAME SUAREZ, PATRICIA NAME STREET ADDRESS STREET ADDRESS 630 WILLOW BEND RD CITY-ST-ZIP.-CITY-ST-ZIP WESTON FL 33327 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 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 Block 12 if