2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** F91068 1. Entity Name TEMPO MANAGEMENT CORP. 04-29-2002 90001 048 ***150.00 Principal Place of Business Mailing Address 3121 PONCE DE LEON BLVD. 3121 PONCE DE LEON BLVD. CORAL GABLES FL 33134 CORAL GABLES FL 33134 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2212963 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SURIOL, JOSE M Street Address (P.O. Box Number is Not Acceptable) 10560 N.W. 27 ST., #101 MIAMI FL 33172 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) П Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Defete TITLE Addition* ☐ Change MILDENBERG, ISAAC NAME NAME 3121 PONCE DE LEON BLVD 109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MILDENBERG, JANIN NAME STREET ADDRESS 3121 PONCE DE LEON BLVD 109 STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CANO, LOURDES NAME STREET ADDRESS 3121 PONCE DE LEON BLVD 109 STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like propowered.

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