XTENDED PAGE 2.1

FILED
Sep 19, 2001 8:00 am
Secretary of State
05-23-2001 90466 012 ***150.00
08-16-2001 90007 008 ***550.00

2001 UNIFORM BUSINESS REP... (...BR)

DOCUMENT # P00000075868

1. Entity Name
ULLIX, INC.

Principal Place of Business	Mailing Address
~~4152 PINE RIDGE LANE~~ ~~WESTON FL 33331~~	~~4152 PINE RIDGE~~ LANE ~~WESTON FL 33331~~

12695

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3970 N.W. 132 ST	3970 N.W. 132 ST
Suite, Apt. #, etc. # A	Suite, Apt. #, etc. # A
City & State Opa-Locka, Florida	City & State Opa-Locka, Florida
Zip 33054 Country DADE	Zip 33054 Country DADE

4. FEI Number 65-1031436 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PORR, ULRIKE
~~4152 PINE RIDGE~~ LANE
~~WESTON FL 33331~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 3970 N.W. 132 ST # A
Opa-Locka, Fl.
City 33054 FL Zip Code 33054

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ulrike, Porr 3970 N.W. 132 ST # A Miami Beach, Fl. 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Treasurer ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Christian, Poccard 1250 Lincoln Rd #406 Miami Beach, Fl 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice president Secretary ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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

SIGNATURE: [signature] Ulrike Porr President — 8/13/2001 — (305) 764-7907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #