FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State DOCUMENT # P94000056788 1. Entity Name THE B & F VENTURA CORPORATION 02-25-2002 90002 015 ***150.00 Principal Place of Business Mailing Address 11328 CLAPP-SIMMS DUDA RD. 11328 CLAPP-SIMMS DUDA ROAD ORLANDO FL 32832 ORLANDO FL 32832 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 59-3257991 Not Applicable Country Zip 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 بمسيمين ومعجات مساعران الماء KERA TABAKOV VENTURA ELISABETH Street Address (P.O. Box Number is Not Acceptable) 11328 CLAPP-SIMMS DUDA ROAD ORLANDO FL 32832-6637 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) THE PROPERTY OF THE PROPERTY OF THE PARTY OF 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition NAME ELISABETH KERA TABAKOV VENTURA NAME 11328 CLAPP-SIMMS DUDA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL CITY-ST-ZIP ☐ Delete TITLE Change Addition **RUI TABAKOV SENA REBOUCAS** NAME STREET ADDRESS 11328 CLAPP-SIMMS DUDA ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition SANDRA TABAKOV SENÁ REBOUCAS NAME 11328 CLAPP-SIMMS DUDA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2/04/62

407-856-1900

Daytime Phone