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FILED
May 28, 2002 8:00 am
Secretary of State
04-02-2002 90970 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001730

1. Entity Name
IKI BROTHERS CORPORATION

DO NOT WRITE IN THIS SPACE

B01572109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21382 MARINA COVE CIRCLE	21382 MARINA COVE CIRCLE
Suite, Apt. #, etc.: 17-D	Suite, Apt. #, etc.: 17-D
City & State: AVENTURA FL	City & State: AVENTURA FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. FEI Number: 650409526 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ISAC EFRAIM

Street Address (P.O. Box Number is Not Acceptable): 21382 MARINA COVE CIRCLE 17-D

City: AVENTURA FL Zip Code: 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: DP NAME: ISAC EFRAIM STREET ADDRESS: 21382 MARINA COVE CIRCLE CITY-ST-ZIP: 17-D AVENTURA FL 33180	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DV NAME: EFRAIM AMIR NICIM STREET ADDRESS: RUA DR AFONSO OLIVEIRA 50 CITY-ST-ZIP: SAO PAULO BRAZIL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DS NAME: EFRAIM DAVID STREET ADDRESS: RUA DR AFONSO OLIVEIRA SANTOS 50 CITY-ST-ZIP: SAO PAULO BRAZIL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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

SIGNATURE: _____ 3/18/02 305 496 4687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #