AMENDED

2000 UNIFORM BUSINESS REPORT (UBR) Amended

FILED

00 JUL 17 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/11/00 90174 048 $61.25

DOCUMENT # P95000030757

1. Entity Name

RADIANCE, INC.

Principal Place of Business

115 SE 2ND ST
4TH FLOOR
MIAMI FL 33131-153

Mailing Address

P O BOX 110239
MIAMI FL 33111-0239
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0602757 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEMOS, ANGELO P
1101 BRICKELL AVE STE. 1700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ 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) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	VP CONSTANTINO, TEODORO 115 SE 2D ST 2D FLOOR MIAMI FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/AS CONSTANTINO, TEODORO 115 SE 2ND ST 2ND FLOOR MIAMI FL 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CONSTANTINO, ALICIA 115 SE 2ND ST 2ND FLOOR MIAMI FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D/AS CONSTANTINO, ALICIA 115 SE 2ND ST 2ND FLOOR MIAMI FL 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CONSANTINO, TEODORO 115 SE 2ND ST 2ND FLOOR MIAMI FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GOVANTES, CARLOS 115 SE 2ND ST 2ND FLOOR MIAMI FL ☐ 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	TZORTZAKIS, MARIA 115 SE 2d ST 2ND FLOOR MIAMI FL. 33131 ☐ Change ☒ Addition
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CR2E034 (9/99)

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: Carlos Govantes VP 6-8-00

CARLOS GOVANTES — SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4-12-00 — Date

(305)594-0450 — Daytime Phone #

7/17