2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P95000037986 1. Entity Name⁷ GETRA - GENERAL TRADING COMPANY 04-02-2001 90287 034 ***150.00 Principal Place of Business Mailing Address 25 SE 2 AVE 25 SE 2 AVE #410 #410 **MIAMI FL 33131 MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0603294 Not Applicable 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 Name. VEGA, JOSE M Street Address (P.O. Box Number is Not Acceptable) 25 SE 2 AVE #410 **MIAMI FL 33131** Zip Code FI. 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME SOUZA, LEONARDO D. S STREET ADDRESS STREET ADDRESS 4748 N.W. 103RD COURT CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ANTONIO, JORGE E NAME STREET ADDRESS STREET ADDRESS 4748 N.W. 103RD COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE -☐ Change ☐ Addition. SOUZA, SILBENE NAME NAME STREET ADDRESS STREET ADDRESS 4748 N.W. 103RD COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARDO SOUZA 03.29.2001

(305) 539-905

Daytime Phone #