2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 432208** 1. Entity Name N.C.R. INVESTMENTS INC 04-30-2001 90332 031 ***150.00 Principal Place of Business Mailing Address 3400 CORAL WAY 3400 CORAL WAY #600 #600 70441V MIAMI FL 33145-3053 MIAMI FL 33145-3053 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1508115 Not Applicable Zip Country 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 DIAZ. AMPARO R. Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY SUITE 600 MIAMI FL 33145 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 Signature, typed or printed name of registered agent and title if applicable. (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. Addition X Delete TITLE TITLE ABUMOHOR, NICOLAS NAME STREET ADDRESS STREET ADDRESS 3400 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145-3053 ☐ Change Addition VPD. X Delete TITLE TITI F ABUMOHOR.CARLOS NAME NAME STREET ADDRESS 3400 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145-3053 PISID ☐ Addition SD ☐ Delete TITLE TITLE DIAZ, AMPARO R. NAME NAME STREET ADDRESS 3400 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145-3053 🔀 Delete Addition TITLE ABUMOHOR, RENE NAME NAME STREET ADDRESS STREET ADDRESS 3400 CORAL WAY CITY-ST-ZIP MIAMI FL 33145-3053 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 chapter of the corporation or an attachment with an address, with all other like empowered.

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TIKÉE.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIF

☐ Delete

☐ Delete

PRZS.

3-22-01 (305)446-2055

☐ Change

Change

Addition

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