## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 08:00 AM DOCUMENT # 852136 Entity Name **Secretary of State** STANDALE COMPANY N.V. Principal Place of Business Mailing Address C/O GEORGE R MORAITIS C/O GEORGE R MORAITIS 915 MIDDLE RIVER DR 506 915 MIDDLE RIVER DR 506 FT LAUD FL FT LAUD FL33304 33304 US 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 59-2131588 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORAITIS, GEORGE R 915 MIDDLE RIVER DR STE 506 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL33304 US 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. 04/26/2001 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) CURACAO 1ST FIDELITY TST MAME NAME STREET ADDRESS CARACASBAAIWEG 13A STREET ADDRESS CITY-ST-ZIP CURACAO.NETH.ANTILLE CITY-ST-ZIP ☐ Delete TITLE VD TITLE ☐ Change NAME IMERY JUAN NAME STREET ADDRESS AV. DIEGO CISNEROS PB-C STREET ADDRESS CITY-ST-ZIP CARACAS, VENEZUELA CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition **FUENTES JESUS** NAME STREET ADDRESS AV. DIEGO CISNEROS PB-C STREET ADDRESS CITY-ST-ZIP CARACAS, VENEZUELA CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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: \_\_Jesus.G. Fuentes 04/26/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR