2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the g changed, or on an attack

SIGNATURE:

Feb 10, 2002 8:00 am Secretary of State DOCUMENT # F01000005060 1. Entity Name 02-10-2002 90012 019 ***150.00 REDMIA, INC. Principal Place of Business Mailing Address 590 OCEAN DR., #2A PO BOX 437 KEY BISCAYNE FL 33149 KEY BISACYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State <u>77-0552080</u>APPLIED FOR Not Applicable Zip Country 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 MINOR, Steven A. Street Address (P.O. Box Number is Not Acceptable) 590 OCEAN A., #2A **KEY BISCAYNE FL 33149** City 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, 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, 2002 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 11. 12. __ Addition ☐ Delete TITLE TITLE **PCD** NAME NAME CESAR, ALFREDO STREET ADDRESS STREET ADDRESS 2275 E. BAYSHORE RD. STE 108 CITY-ST-ZIP CITY-ST-ZIP PALO ALTO CA ☐ Change ☐ Addition ☐ Delete TITLE TITLE SD NAME NAME MINOR, STEVEN A STREET ADDRESS STREET ADDRESS 590 OCEAN DR. #2A CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL TITLE 1 ☐ Delete TITLE Change Addition NAME NAME BIRNBERG, GARY STREET ADDRESS STREET ADDRESS 265 HAMPTON ROAD CITY-ST-ZIP CITY-ST-ZIE KEY BISCAYNE FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP No. ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE 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 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

FILED