SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 07, 2001 8:00 am Secretary of State DOCUMENT # F07703 > 1. Entity Name F & F/FRAGA AND FEITO ARCHITECTS AND PLANNERS, I 03-07-2001 90617 034 ***158.75 Principal Place of Business Mailing Address 3900 NW 79TH AVENUE 3900 NW 79TH AVENUE **SUITE 219** WULLI **SUITE 219** MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 2151 N.W. 93 Avenue 2151 N.W. 93 Avenue. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. N/A N/A Applied For City & State Miami, City & State 4. FF! Number 59-2051871 Florida Miami, Florida. Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired \mathbf{x} 33172 Dade 33172 Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jose Feito FEITO, JOSE Street Address (P.O. Box Number is Not Acceptable) 2151 N.W. 93 Avenue 3900 NW 79TH AVENUE **SUITE 219 MIAMI FL 33166** Zip Code 33172 Miami. 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PDS PDS ☐ Delete TITLE TITLE FEITO, JOSE NAME FEITO, JOSE NAME 3507 ESTEPONA STREET ADDRESS 2151 N.W. 93 Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178-2952 Miami, F1 33172 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP __ Change___ Addition_ TITLE . Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director, of the corporation or the receiver of this stee 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.

Jose Feito president SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR