2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State F38456 DOCUMENT # 1. Entity Name 05-20-2002 90025 026 ***150 00 E.G. VILATO & ASSOCIATES, INC. Principal Place of Business Mailing Address C/O ENRIQUE G VILATO C/O ENRIQUE G VILATO 2730 SW 3RD AVE., STE 402 2730 SW 3RD AVE., STE 402 MIAMI FL 33129 MIAMI FL 33129 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 59-2113115 Not Applicable Zip 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 VILATO, ENRIQUE G Street Address (P.O. Box Number is Not Acceptable) 2730 SW 3RD AVE., STE 402 MIAMI FL 33129 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change ☐ Addition VILATO, ENRIQUE G. NAME NAME STREET ADDRESS 921 ALGERIA AVE. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP STD Delete TITLE ☐ Change ☐ Addition NAME VILATO, SILVIA P. NAME STREET ADDRESS 921 ALGERIA AVE. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-7IP TITLE ☐ Delete TITLE ▼ Addition VICE-PRESIDENT/DIRECTOR NAME NAME ACASA, SILVIA V. STREET ADDRESS STREET ADDRESS 8430 SW 91st STREET MIAMI, FL. 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 justee 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. Enrique G. Vilato 04-29-02

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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