2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 05, 2001 8:00 am DOCUMENT # F97000004872 **Secretary of State** MEGA POLI INTERNATIONAL, INC. 02-05-2001 90124 036 ***150.00 Principal Place of Business Mailing Address 999 PONCE DE LEON BLVD. 999 PONCE DE LEON BLVD. SUITE 625 SUITE 625 CORAL GABLES FL 33134 CORAL GABLES FL 33134 A0020016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 06-1248701 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ. JESUS A Street Address (P.O. Box Number is Not Acceptable) 3518 SAHARA SPRINGS BLVD - ONE LAS CLAS CIRCLE POMPANO BEACH FL 33069-FT. LAUDENDALE, FL. 33316 Zin 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addition TITLE TITLE ☐ Change CAMINO, ROBERTO NAME NAME STREET ADDRESS STREET ADDRESS 999 PONCE DE LEON BLVD. SUITE 625 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete Change ☐ Addition TITLE TITLE DIAZ, JESUS A NAME NAME ONE LAS OLAS CIRCLE, #915 FT. LAUDERDALE, FL. 33316 STREET ADDRESS STREET ADDRESS 9518 SAHARA SPRINGS BLVD. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ~ ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition 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 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.

MING OFFICER OR DIRECTOR

RE AND TYPED OR PRINTED NAME OF