2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # F98000004828 PEABODY INTERNATIONAL HOLDINGS LIMITED CORP. 04-24-2000 90140 019 ***150.00 Mailing Address Principal Place of Business 7468 UNIVERSAL BLVD 7468 UNIVERSAL BLVD ORLANDO FL 32819-8910 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 102 KINGSPOINTE PKWY 801 KINGSPOINTEPKNY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 104 104 City & State Applied For City & State 4. FEI Number 52-2129198 ORLANDO Not Applicable ORLANDO Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUARTE, NORBERTO R Street Address (P.O. Box Number is Not Acceptable) 7520 UNIVERSAL BLVD STE 104 ORLANDO FL 32819 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition PC Delete TITLE TITLE FERREIRA, NELCY DE F NAME NAME 615 OCEAN DR APT 11-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-7IP Addition ☐ Delete Change TITLE FERREIRA, ANA FATIMA DE N NAME STREET ADDRESS STREET ADDRESS 615 OCEAN DR APT 11-A CITY-ST-ZIP CITY-ST-7IP **KEY BISCAYNE FL 33149** ☐ Change Addition ☐ Delete TITLE DUARTE, NORBERTO R NAME NAME STREET ADDRESS STREET ADDRESS 446 WATER STREET CITY-ST-ZIP CITY-ST-ZIP CELEBRATION FL 34747 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 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.

CITY-ST-ZIP

TITLE

ŅAME STREET ADDRESS

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED TRADE OF SIGNING OFFICER OR DIRECTOR

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

04/17/2000

407-218-2626

Addition

Daytime Phone #

Change