FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: CHIARA GIUSTI CASTILLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr 23, 2002 8:00 am Secretary of State F99000002984 DOCUMENT # 1. Entity Name 04-23-2002 90339 035 ***150.00 CHIARA GIUSTI CASTILLO, INC. Principal Place of Business Mailing Address 2851 ROCK ISLAND ROAD 2851 ROCK ISLAND ROAD $HIIII \lambda A A A A A$ #104 #104 MARGATE FL 33063 MARGATE FL 33063 Principal Place of Business Mailing Address 380 NW 78TH AUE 787H AVE 380 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4063333 Not Applicable Zip 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 -Name -- -CASTILLO, CHIARA GIUSTI Street Address (P.O. Box Number is Not Acceptable) 2851 ROCK ISLAND ROAD #104 MARGATE FL 33063 City Zip Code FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) ☐ Delete TITLE NAME CASTILLO, CHIARA GIUSTI NAME 3380 NW 78TH AVENUE 2851 ROCK ISLAND ROAD #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Castillo. Daniel W NAME 3380 NW 78TH AVENUE STREET ADDRESS 2851 ROCK ISLAND ROAD #104 STREET ADDRESS CITY-ST-ZIE MARGATE FL 33063 CITY-ST-ZIP ☐ Delete TITLE ___ Change Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.