2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 04, 2000 8:00 am Secretary of State OCUMENT # G29972 i. Entity Name RODWIN CORP. 05-04-2000 90221 035 \*\*\*150.00 Mailing Address micipal Place of Business 260 Crandon Blvd: 8430 S.W. 15 Terr. Suite # 14 Miami, Florida 33144 Key Biscayne, Florida 33149º 3. Mailing Address 2. Principal Place of Business 260 Crandon Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite # 14 Applied For City & State 4. FEI Number City & State Not Applicable 59-2316995 Key Biscayne FL Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 33149 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rosemary Sala Street Address (P.O. Box Number is Not Acceptable) 260 Crandon\_Blvd. Maria J. Galan 8430 S.W. 15 Terr Suite # 14 Miami, Florida 33144 Zip Code 33149 Key Biscayne rpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for th SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its 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 (See criteria on back) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Change ☐ Addition PD TITLE Delete TITLE NAME NAME Marícel Blum STREET ADDRESS STREET ADDRESS 8430 S.W. 15 Terr. CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33144 Addition Change ☐ Delete NAME NAME Alice Blum STREET ADDRESS 8430 S.W. 15 Terr. STREET ADDRESS CITY-ST-ZIP Miami, Florida 33144 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME Vivian M. Blum NAME STREET ADDRESS 8430 S.W. 15 Terr. STREET ADDRESS CITY-ST-ZIP Miami, Florida CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE AS TITLE Maria J. Galan MARKE NAME 8430 S.W. 15 Terr STREET ADDRESS STREET ADDRESS 33144 CITY-ST-ZIP Miami, Florida CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 employered 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 employments. 4-21-00 SIGNATURE: SIGNING OFFICER OR DIRECTOR SIGNATURE AND TW D OR PRINTED NAME OF