2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # G62975** May 04, 2000 8:00 am Secretary of State 1. Entity Name VERTILUX, INC. 05-04-2000 90193 001 *3,000.00 Principal Place of Business Mailing Address C/O RICHARDS 8953 NW 23RD STREET 2665 SOUTH BAYSHORE DR #703 MIAMI FL 33172 MIAMI FL 33133-5401 11218 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2327244 Not Applicable łiΩm Country Zip \$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 WORLD CORPORATE SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DR #703 **MIAMI FL 33133** Zip Code City 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) DATE 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, 2000 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 12. 11. ☐ Addition CD Change ☐ Delete TITLE DILE GARCIA, JOSE NAME NAME 7300 NW 3512 Terroce 8953 NW 23RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Change ☐ Addition TITLE ☐ Detete TITLE MATOS, TOMAS NAME NAME 1300 NW 35th Terroce STREET ADDRESS 8953 NW 23RD STREET STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP_ MIAMI FL 33172 - -☐ Delete TITLE BELSOL, JOSE MANUEL NAME NAME 7300 NW 351 Terrace STREET ADDRESS 8953 NW 23RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Delete TITLE BACAL, SHIKE NAME STREET ADDRESS 8953 NW 23RD STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition ☐ Delete TITLE TITLE RICHARDS, TIMOTHY D NAME NAME 2665 S BAYSHORE DR STE 703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 any address, with all other like empowered.

SIGNATURE:

CITY-ST-7IP