2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State H46348 DOCUMENT # 03-19-2002 90030 049 ***150.00 1. Entity Name TEMPUS INTERNATIONAL CORP. Mailing Address 10, 420102 Principal Place of Business 20201 NE 16TH PLACE 20201 NE 16TH PL MIAMI FL 33179 MIAMI FL 33130-4403 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2502378 Not Applicable Country Zip 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 **INTRASTATE REGISTERED AGENT CORPORATION** Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE., STE 3000 **MIAMI FL 33131** Zip Code City 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 (NOTI: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE BAROUH, JACK NAME STREET ADDRESS STREET ADDRESS 5831 SW 33 TERR. CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP Addition Change TITLE Delete NAME NAME BAROUH, RITA 5831 SW 33RD TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY - ST- ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. Thereby 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.

OLONIATURE

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PiTA BANOUH

2/26/2002 305-650-9771

Mar 19, 2002 8:00 am