2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # H61205** 1. Entity Name DI MARCO & DI MARCO, INC. 04-25-2001 90090 029 ***150.00 Principal Place of Business Mailing Address 7163 SAINT ANDREWS ROAD 7163 SAINT ANDREWS ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2548118 Not Applicable Zip Country 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 DI MAROC-MARQUEZ, ELENA Street Address (P.O. Box Number is Not Acceptable) 7163 SAINT ANDREWS ROAD LAKE WORTH FL 33467 City Zip Code FI 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: Flegistered Agent signature required when reinstating) 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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ___ Addition TITLE ☐ Delete TITLE ☐ Change CR2E034 (10/00) DIMARCO, CARMEN J NAME NAME STREET ADDRESS STREET ADDRESS CALLE 65A #21A-43 CITY-ST-ZIP MARACAIBO, VENEZUELA CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME MARQUEZ-DIMARCO, ELENA STREET ADDRESS 7163 ST. ANDREWS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DIMARCO, JENNY M NAME STREET ADDRESS CALLE 65A #21A-43 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARACAIBO, VENEZUELA TITLE ☐ Delete TITLE ☐ Change Addition DIMARCO, FRANCESCO JOSE MAME NAME STREET ADDRESS STREET ADDRESS CALLE 65A #21A-43 CITY-ST-ZiP CITY-ST-7IP MARACAIBO, VENEZUELA TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE:

PONTED NAME OF SIGNING OFFICER OR DIRECTOR

Di Marco-Marguez. V. S. T

Daytime Phone #