2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 06, 2001 8:00 am Secretary of State **DOCUMENT # H93020** 1. Entity Name ATUVI, INC. 04-06-2001 90037 026 ***150.00 Principal Place of Business Mailing Address **DEPT. 1646 DEPT. 1646** 1601 NW 97TH AVE., UNIT C101 P.O. BOX 025216 MIAMI FL -03172 MIAMI FL 33102 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 NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33102 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name : INTELMAR U.S.A., INC. Street Address (P.O. Box Number is Not Acceptable) 7559 N.W. 70 STREET ATTN: LEONEL M. BARRIOS MIAM! FL 33166 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 game 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 After MAY 1, 2001 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. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change PHELPS, WILLIAM J NAME NAME 1539 HARRISON STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PERALTA, MANUEL E NAME NAME APARTADO 2727 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JOSE, COSTA RICA TITLE - Detete ~ 🔲 Addition~ NAME NAME

☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Delete TITLE 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

STREET ADDRESS 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 other like empowered

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STREET ADDRESS

CITY-ST-ZIF

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

V ME Peralta March 29, 2001

Daytime Phone #