2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2001 8:00 am Secretary of State **DOCUMENT # J56585** 1. Entity Name FRAGRA INVESTMENTS, INC. 05-07-2001 90021 001 ***150 00 Principal Place of Business Mailing Address 4701 NW 79TH AVENUE 4701 NW 79TH AVENUE MIAMI FL 33166 **MIAMI FL 33166** -: 4 243014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2785801 Not Applicable Zip Country Country \$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 GRANDE, FRANK A Street Address (P.O. Box Number is Not Acceptable) 14891 SW 71ST **MIAMI FL 33193** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE GRANDE, FRANK A NAME NAME STREET ADDRESS 14891 SW 71ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 Change ☐ Addition TITLE ☐ Delete TITLE GRANDE, FRANCINE NAME NAME STREET ADDRESS STREET ADDRESS 14891 SW 71ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered in 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 a other like impowered.

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CITY-ST-ZIP

FRANK GRAVIE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR