2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State **DOCUMENT # J61328** 1. Entity Name VIVRAM, INC. 05-10-2001 90108 039 ***150.00 Principal Place of Business Mailing Address 14861 DUNBARTON PL. 14861 DUNBARTON PL. MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 U U U & U A HS 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 59-2804966 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. SECOND STREET **SUITE 3600 MIAMI FL 33131** City 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 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition MOYA, ROBERTO A M.D. NAME NAME STREET ADDRESS 14861 DUNBARTON PL. STREET ADDRESS CITY-ST-7IP MIAMI LAKES FL 33016 CITY-ST-ZIP TITLE ☐ 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 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ith all other like empowered

13. I hereby certify that the information

indicated on this report or sul

of the corporation or the rechanged, or on an attachn

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if