2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90005 022 ***158.75

DOCUMENT # K36774

1. Entity Name
BERLINEX CORPORATION

Principal Place of Business	Mailing Address
444 BRICKELL AVENUE SUITE 51-216 MIAMI FL 33131	444 BRICKELL AVE STE 51-246 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
444 BRICKELL AVENUE	
Suite, Apt. #, etc.: SUITE 51-246	Suite, Apt. #, etc.:
City & State: MIAMI, FL	City & State:
Zip: 33131 — Country: USA	Zip: — Country:

4. FEI Number 65-0076881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IBC FIDUCIARY INC.
100 S E SECOND STREET-2315A
SUITE 51-246
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: IBC FIDUCIARY INC.
Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd STREET, #2315-A
City: MIAMI FL Zip Code: 33131

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AS~~ ~~DELLAVEDOVA, A.~~ ~~444 BRICKELL AVE, SUITE 51-246~~ ~~MIAMI FL 33131~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DELLAVEDOVA, A. 444 BRICKELL AVE., # 51-246 MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~LECOMPTE, J~~ ~~444 BRICKELL AVE #51-246~~ ~~MIAMI FL~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LECOMPTE, J. 444 BRICKELL AVE., # 51-246 MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: A. DELLAVEDOVA 04/26/02 (305) 358-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)