APPROVED

## 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000002740 00 MAY -3 AM 10: 37 1. Entity Name HOWMAN INTERNATIONAL LC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1220 NORTH MARKET STREET, SUITE 606 1220 NORTH MARKET STREET, SUITE 606 WILMINGTON DE 19801 **WILMINGTON DE 19801-2598** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Country \$5.00 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 CORPORATE CREATIONS ENTERPRISES INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Change Addition TITLE Delete TITLE MGR AKATSA, DEBRA GRACE NAME MAME 3000032361**9**3--0 STREET ADDRESS STREET ADDRESS **ENGLISH RIVER VICTORIA** -05/03/00--01019--001 CITY- ST- ZIP CITY- \$T-71P MAHE SEYCHELLES \*\*\*3750.00 ☐ Delete TITLE MGR NAME BANE RATH, NATALIE STREET ADDRESS STREET ADDRESS ANSE BOLLEAU CITY- 2T- 71P CITY - 81-70P MAHE SEYCHELLES Addition Change ☐ Deleta TITLE NAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP CITY-ST-ZLP TITLE ☐ Delete TITLE Change ☐ Addition RAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ... Delete TITLE Addition TITLE NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY- 81- 21P Change Addition ☐ Delete TITLE TITLE WAME MARKE STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Jora-Grace OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER