2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M05943** Apr 28, 2000 8:00 am Secretary of State 1, Entity Name GELATO FINO INC. 02-29-2000 90176 038 ***150.00 Principal Place of Business Mailing Address 3600 W COMMERICAL BLVD 3600 W COMMERICAL BLVD #109 #109 FT LAUDERDALE FL 33309-3324 FT LAUDERDALE FL 33309 US HS 2. Principal Place of Business 1627 NW 3847 3. Mailing Address 1627 NW 384 AVENUE AUENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Louderhill 4. FEI Number 59-2453208 ouderhill Not Applicable Country 33311 \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 284084 PARKER, GREGORY 3500 W COMMERCIAL BLVD FT. LAUDERDALE FL 33309 8. The above named entity submits the 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) Signatura, typed or prints name of registered agent and title it applicable 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, 2000 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) Addition Change Defete TITLE TITLE PARKER, GREGORY W. NAME NAME 3600 W COMMERCIAL BLVD #109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP [] Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Defete - -DILE. TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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 trastee enapowered 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.

CITY-ST-7IP

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SIGNATURE: