FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State **DOCUMENT # M06514** 1. Entity Name FAMARIS CORPORATION 05-02-2001 90160 013 ***150.00 Principal Place of Business Mailing Address 6801 N.W. 77 AVENUE 6801 N.W. 77 AVENUE SUITE 407 SUITE 407 MIAMI FL 33166-2849 MIAMI FL 33166-2849 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2514115 Not Applicable Zip Country Country \$8.75 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 RIVERO, MARIO R. Street Address (P.O. Box Number is Not Acceptable) 6801 N.W. 77 AVENUE SUITE 407 MIAMI FL 33166-2849 Zip Code 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 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 Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete TITLE NAME NAME RIVERO, MARIO R. STREET ADDRESS STREET ADDRESS 6801 N.W. 77 AVENUE, STE 407 CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33166-2849</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME RIVERO, MARIO R., JR NAME STREET ADDRESS STREET ADDRESS 4017 S.W. 10 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134 ☐ Addition TITLE DS ☐ Delete TITLE Change NAME NAME MAJOR, NEREIDA O STREET ADDRESS STREET ADDRESS **7641 TAHITI LANE APT. 105** CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 TITLE DVS ☐ Delete TITLE ☐ Change ☐ Addition NAME RIVERO, MARIA A NAME STREET ADDRESS STREET ADDRESS 8856 SW 5TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174-2471 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if any in the state of the same in the same i 13. I hereby certify that the information s indicated on this report or supplement of the corporation or the receiver or changed or on an attachment with

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

☐ Delete

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Mario R. Rivero

04/24/01

(305) 883-6000

☐ Change

☐ Addition