2000 UNIFORM BUSINESS REPORT (UBR)

Jun 06, 2000 8:00 am Secretary of State **DOCUMENT # M25233** UNIVERSAL CAMBIOS, INC. 06-06-2000 90487 032 ***150.00 Mailing Address Principal Place of Business 143 NE 3 AVE. 143 NE 3 AVE. MIAM! FL 33132-2217 MIAMI, FL 33132 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apl. #, etc. City & State Applied For 4. FEI Number City & State 59-2615830 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROIF, LILIANS Street Address (P.O. Box Number is Not Acceptable) 1900 S. MIAMI AVE. **MIAMI FL 33129** Zio Code Çity 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) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition DPST M Delete TITLE TITLE ROIF, LILIANS NAME STREET ADDRESS 1900 S. MIAMI AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADORESS

13. 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 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.

CiTY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

X 4/28/00 (30r) 372-152