## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State **DOCUMENT # M57207** 1. Entity Name SUNNY DREAMS POOLS & SPAS INC. 05-16-2001 90384 036 \*\*\*150.00 Principal Place of Business Mailing Address 13285 SW 124TH STREET 13285 SW 124TH STREET MIAMI FL 33186 MIAM! FL 33186 3. Mailing Address GAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2831316 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CADAVID, RODRIGO H. Street Address (P.O. Box Number is Not Acceptable) 13285 SW 124TH STREET **MIAMI FL 33186** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE CADAVID, RODRIGO H. NAME NAME 13285 SW 124TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition VD. ☐ Delete TITLE Change TITLE CADAVID. MIRIAM NAME NAME 13285 SW 124TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Addition Delete TITLE Change TITLE CADAVID, MAURICIO NAME NAME 13285 SW 124TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Delete Change ☐ Addition TITLE TITLE CADAVID, JAVIER NAME NAME 13285 SW 124TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME

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 of trustee empowered to accurate an equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver o changed, or on an attachment with e empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR