2001 UNIFORM BUSINESS REPORT (UBR)

FILED May $0\bar{1}$, 2001 8:00 am DOCUMENT # M60601 Secretary of State 1. Entity Name REDSHIRE II CORPORATION 05-01-2001 90099 045 ***158.75 Principal Place of Business Mailing Address 1602 ALTON RD 1602 ALTON RD PMB 100 PMB 100 UVPUOUUNI MIAMI BCH FL 33139 MIAMI BCH FL 33139 2. Principal Place of Business 3. Mailing Address 1602 Alton Road 1602 Alton Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 100 100 City & State City & State 4. FEI Number Applied For 65-0036243 Miami Beach, Florida Miami Beach, Florida Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 33139 Fee Required U.S.A. 33139 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EXEX INC. Street Address (P.O. Box Number is Not Acceptable) 1602 ALTON ROAD **PMB 100** MIAMI BEACH FL 33139 City Zip Code 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 \$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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DVPS** Delete TITLE ☐ Change ☐ Addition TITLE NAME PANGLE, L NAME STREET ADDRESS STREET ADDRESS 1602 ALTON ROAD #100 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition TITLE TITLE Delete BOWDEN, J NAME NAME STREET ADDRESS 1602 ALTON ROAD, #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE Delete TITLE ☐ Change ☐ Addition SMEJDA, L NAME NAME STREET ADDRESS 100 S.E. 2ND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 77-4 ☐ Delete TITLE V - AS ☐ Change *Addition TITLE NAME NAME DELLAVEDOVA, A. STREET ADDRESS STREET ADDRESS 1602 Alton Road - # 100 CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33139 ☐ Addition TITLE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

A. Dellavedous 04/19/01 (305) 358-4441 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #