2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE A

May 14, 2002 8:00 am § Secretary of State M98115 **DOCUMENT #** 1. Entity Name 05-14-2002 90051 037 ***150.00 VENDOME EQUITIES, INC. Principal Place of Business Mailing Address **%********************** C/O KAUFMAN, ROSSIN & CO. S. BAYSHORE DR. SUITE 500 MIANULEL 33133 MANUK PCX38080X 2. Principal Place of Business 3. Mailing Address c/o Morrison Brown Argiz & Co. c/o Morrison Brown Argiz & Cb Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1001 Brickell Bay Dr.; 9 FL 1001 Brickell Bay Dr. Applied For City & State 4. FEI Number City & State 65-0080636 Miami, Florida Not Applicable Miami, Florida Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33131 33133 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Miguel G. Farra X FARBACMIGUEL G Street Address (P.O. Box Number is Not Acceptable) XXXXXVPMANK ROSSIN & 80. c/o Morrison Brown Argiz & Co. XX899-3XXBAXSHIDIREXDRIVEXSIJITEX509X 1001 Brickell Bay Drive, 9th Floor Zip Code 33131 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. (NOTE: Registered Agent signature required when reinstating) Mileuteet or Onter and registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE Laurans, Jean-Jacques 1001 Brickell Bay Dr., 9th Floor LAURANS, JEAN-JACQUES NAME 2699 S. BAYSHORE DR.#500 STREET ADDRESS STREET ADDRESS Miami, florida 33131 MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE FARRA, MIGUEL G. NAME NAME Farra, Miguel G. 2699 S. BAYSHORE DR.#500 STREET ADDRESS 1001 Brickell Bay Dr., 9th Floor STREET ADDRESS CITY-ST-ZIP MIAMI FL Miami, Florida 33131 CITY-ST-ZIP TITLE Change ☐ Addition VS □ Delete TITLE NAME Poulin, J.G. 1001 Brickell Bay Dr., 9th Floor POULIN, J. G. NAME 2699, S., BAYSHORE DR. #500 STREET ADDRESS STREET ADDRESS CITY-ST-7IF MIAMI-FL <u> Miami, Florida 33131</u> CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 rignature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report of 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.

FILED

Daytime Phone #