2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P0000000342 Mar 23, 2000 8:00 am 1. Entity Name **Secretary of State** ALTERNATIVA-M. INC. 03-23-2000 90003 007 ***158.75 Mailing Address Principal Place of Business 208 N.E. 2067H STREET 2081 N.E. 2067H STREET MIAMLEL 33 Mailing Address 2. Principal Place of Business 2290 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 65-007 MIAM Not Applicable niami \$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 Molo ZoV MOROZOV, IGOR N 2081 N.E. 206TH STREET **MIAMI FL 33179** 8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 1 (NOTE: Registered Agent signature required when reinstating) ed or printed name of 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State \Box (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Piesident ☐ Change Delete TITLE TITLE NAME 390 NE 19714 SHI, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete IGOR MOTOZOV 2290 NE 197 th Str. Micmi, EL 33180 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Ļ- ☐ 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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.

SIGNATURE:

SIGNATURE AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR