2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000007661 1. Entity Name RICH NOSTRO GROUP, INC. 04-30-2001 90364 034 ***150 00 ٦_ Principal Place of Business Mailing Address 251 ORLANDO AVENUE 251 ORLANDO AVENUE OCOEE FL 34761 OCOEE FL 34761 C0022183 2. Principal Place of Business 3. Mailing Address 1009 LARTER 1009 CARTER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. wintER GANDEN GAYDES JINTER Applied For City & State Not Applicable \$8.75 Additional_ Country 5.- Certificate of Status Desired 😁 🖃 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 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. ☐ Addition □ Delete TITLE TITLE PD NAME NAME NOSTRO, RICH STREET ADDRESS STREET ADDRESS 251 ORLANDO AVENUE CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** ☐ Addition ☐ Change **Delete** TITLE VSTD TITLE NAME NOSTRO, TAMARA L NAME STREET ADDRESS STREET ADDRESS 251 ORLANDO AVENUE CITY-ST-ZIP 1 ~ CITY: ST:7IP OCOEE FL 34761 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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:

PDUO RICH WOS TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR