2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

ME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

Mar 06, 2002 8:00 am secretary of State P00000016435 DOCUMENT # 1. Entity Name 03-06-2002 90117 018 ***158.75 DALLA INVESTMENT HOLDING, INC. Principal Place of Business Mailing Address 780 NORTHWEST LE JEUNE ROAD 780 NORTHWEST LE JEUNE ROAD SHITE 516 SUITE 516 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0989452 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIEDRA, AURELIO A Street Address (P.O. Box Number is Not Acceptable) 780 NW LE JEUNE RD #516 MIAMI FL 33126 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Jatangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 TITI F ☐ Delete TITLE Change ☐ Addition NAME LIBERA, DAVID M NAME STREET ADDRESS 780 NORTHWEST LE JEUNE ROAD STREET ADDRESS CITY-ST-7IP **MIAMI FL 33126** CITY-ST-ZIP TITLE SVD ☐ Delete TITLE Change Addition NAME SCHULZ, MONICA M NAME STREET ADDRESS 780 NORTHWEST LE JEUNE ROAD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TIT! F TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 reported by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED