FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am § Secretary of State DOCUMENT # P00000023738 1. Entity Name 04-29-2002 90178 042 ***150 UNITED TALENT CORPORATION Principal Place of Business Mailing Address 1535 COOPER SMITH COURT 1535 COOPER SMITH COURT **LUTZ FL 33549 LUTZ FL 33549** 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 69-3634895 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINTERO, JORGE W Street Address (P.O. Box Number is Not Acceptable) 1535 COOPER SMITH COURT **LUTZ FL 33549** 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 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition QUINTERO, JORGE W NAME NAME 1535 COOPER SMITH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-7IP **VPD** [8475 SW 945T).VPD. XChange TITLE ☐ Delete TITLE GARCIA, SAULO NAME 8475 SW 94 ST. SUITE 224-E STREET ADDRESS 76-15 5TH AVE STREET ADDRESS CITY-ST-ZIE **NORTH BERGEN NJ 07047** CITY-ST-ZIP 33156. TITLE ☐ Defete Change TITI F ☐ Addition ARBOLEDA, ELKIN D NAME ARBOLEDA, ELKIN D 7810 camino REAL I-112 STREET ADDRESS 76-15 5TH AVE STREET ADDRESS CITY-ST-ZIP NORTH BERGEN NJ 07047 CITY-ST-ZIP FL. 33143 ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 Delete TITLE ☐ Change ☐ Addition NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Arboledu S.D 04-17-02