2001 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P0000034405 1. Entity Name IGO BRANDS, INC. 04-07-2001 90015 041 ***150.00 Principal Place of Business Mailing Address 1470 N.E. 125 TERRACE #710 1470 N.E. 125 TERRACE #710 NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 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 65-0996645 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, JUAN F Street Address (P.O. Box Number is Not Acceptable) 1470 N.E. 125 TERRACE #710 NORTH MIAMI FL 33161 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSTD** Change Addition TOUR ☐ Delete TITLE FERNANDEZ, JUAN F NAME 1470 N.E. 125 TERRACE #710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33161 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Juan Fernandez of 201

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED