Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE 240

2121 PONCE DE LEON BLVD

CORAL GABLES FL 33134

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR P00000036842 **DOCUMENT#** 1. Entity Name SLIPSTOP FLORIDA, INC.

Principal Place of Business

2. Principal Place of Business

Country

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

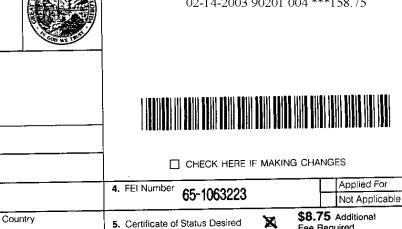
7311 NW 12TH ST.

MIAMI FL 33126

SUITE 21



02-14-2003 90201 004 ***158.75



7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRATS, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD SUITE 406 Zip Code CORAL GABLES FL 33134 City

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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Fee Required

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. 120/02 (10/02) ☐ Change ☐ Addition TITLE - Delete TITLE NAME BRODHAL, TERJE 🦈 NAME 9 THE COURTYARD BUSINESS PARK STREET ADDRESS STREET ADDRESS CITY-ST-7IP COALVILLE LE67 4JP ENGLAND CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME GRANDSTEDT, MARCUS NAME STREET ADDRESS STREET ADDRESS 7311 NW 12TH ST., #21 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Change ☐ Addition TITI F ☐ 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-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if chapter of the corporation or an extended or on an attemptment with an address with all other like of the corporation. changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED O