2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P0000041308 1. Entity Name VASSARO DESIGNS, INC. 04-20-2001 90194 019 ***150.00 Principal Place of Business Mailing Address 10825 N.W. 29TH STREET 10825 N.W. 29TH STREET MIAMI FL MIAMI FL 2. Principal Place of Business 3. Mailing Address 824 N.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1003917 Not Applicable \$8.75 Additional Certificate of Status Desired POWARCE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name de s VALDES, YURI Box Number is 10825 N.W. 29TH STREET MIAMI FL Zip Code 333 [] 8. The above named entity spomits ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and lects to do so. 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. VAldes O 9 PD YURI M Change ☐ Addition TITLE ☐ Delete TITLE NW 28 5T NAME NAME VALDES, YURI STREET ADDRESS STREET ADDRESS WILTON MANORS, FL 10825 N.W. 29TH STREET 3 33 11 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL STD Change Addition STD ☐ Delete TITLE TITLE VALLES I SA'AC NAME NAME VALDES, ISAAC NW 28 ST 824 STREET ADDRESS STREET ADDRESS 10825 N.W. 29TH STREET CITY-ST-ZIP CITY-ST-ZIP MANDES MIAMI FL ■ Addition Change TITLE ☐ Delete TITLE 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 ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal 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 ustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information si indicated on this report or supplement of the corporation or the receiver or t changed, or on an attachment wit all other like empowered. SIGNATURE: RINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone