2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000043177 PASSION PROCESSING & TRADING (USA), INC. 04-26-2001 90034 028 ***150.00 Principal Place of Business Mailing Address 5262 SW 62 AVE 5262 SW 62 AVE MIAMI FL 33155 MIAMI FL 33155 2. Principa, Place of Business Mailing Address 10429 SW 80 SMEET 5220 NW 72 AVE. BAY \$13 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL 65-1002096 MIAMI MIAM Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33166 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUSUMECI. ANTHONY Street Address (P.O. Box Number is Not Acceptable) 5262 SW 62 AVE MIAMI FL 33155 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Chack Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE TITLE ☐ Delete MUSUMECI, ANTHONY MUSUMECT, ANTHONY NAME 10429 SW 805T MIAM), FL 33173 STREET ADDRESS 5262 SW 62 AVE STREET ADDRESS CITY-SY-ZIP **MIAMI FL 33155** CITY-ST-ZIP THES ☐ Delete CHI, JOSE 5220 N.W. 72 AVE. BAY +13 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MIAMI FL 33166 DITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Chance Addition STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP C-TY-ST-ZIP 13. Thereby certify that the information supplied with this fiting 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 empowed 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 ANTHONY MUSICECTY/18/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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