2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P00000048452 CECYPO HOLDINGS INC. 04-17-2001 90081 026 ***150.00 Principal Place of Business Mailing Address 9604 CORTEZ ROAD WEST #332 9604 CORTEZ ROAD WEST #332 **BRADENTON FL 34210** BRADENTON FL 34210 3. Mailing Address 2. Principal Place of Business 410 CORTEXROW. 410 Coltex Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE Applied For 4. FEI Numbe Not Applicable \$8.75 Additional 5. Certificate of Status Desired くくしいいいりょう W.5 A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ETERKKARR HARWOOD, C.J. 1021 SHAWNDA LANE KISSIMMEE FL 34744 Projits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named of PETER SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE PATEL, ANIL NAME NAME 9604 CORTEZ ROAD WEST #332 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 'CITY"ST: ZIP" TITLE Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: