FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OPDIRECTOR

Jan 22, 2001 8:00 am DOCUMENT # P0000050549 Secretary of State IL TRULLO, II, INC. 01-22-2001 90001 012 ***150.00 Principal Place of Business Mailing Address 105 S. NARCISSUS AVE STE 412 105 S. NARCISSUS AVE STE 412 700597 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 281 E INDIANTOWN RD LNOIANTOWN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE R 10 4. FEI Number 65-1014366 City & State Applied For City & State TUPITER TUPITER Not Applicable Country S A \$8.75 Additional S 5. Certificate of Status Desired 33477 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADRIAN BERTOLOTTI PARRISH, BRUCE W JR Street Address (P.O. Box Number is Not Acceptable) 105 S. NARCISSUS AVE STE 412 WEST PALM BEACH FL 33401 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 (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 11. 12. Change CR2E034 (10/00 TITI F ☐ Delete TITI F NAME BERTOLOTTI, ADRIAN NAME BERTOLOTTI, ADRIAN 287 EAST INDIANTONN ROAD, B10 STREET ADDRESS 105 S. NARCISSUS AVE STE 412 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Addition TITLE ☐ Delete 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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 addresse with all other like empowered.