2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000057215 1. Entite Name NASSINE INC. 04-27-2001 90330 022 ***150.00 Principal Place of Business Mailing Address 11015 S.W. 95TH STREET 11015 S.W. 95TH STREET MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65 /0/ Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SASSINE, NADINE Street Address (P.O. Box Number is Not Acceptable) 11015 S.W. 95TH STREET **MIAMI FL 33176** Zip Code 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. SIGNATURE Signature, typed or ponted name of registered agent and title if applicable (NCTF: 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. CR2E034 (10/00) TITLE ☐ Delete Change Addition TITLE SASSINE, NADINE NAME NAME 11015 S.W. 95TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-SI-79P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE T:TEF NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP 31715 ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P CITY - ST-- 7IP

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 of 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 releiver 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 addirect such that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in t

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR