2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P0000060099 1. Entity Name A TOUCH OF BELIZE INC. 01-31-2001 90192 040 ***150.00 Principal Place of Business Mailing Address 8336 NW 56TH STREET 8336 NW 56TH STREET MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 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 -GONZALEZ-THEODORE A JR -----Street Address (P.O. Box Number is Not Acceptable) 3160 SW 118TH STREET **MIAMI FL 33175** 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition GONZALEZ, THEODORE A JR NAME NAME STREET ADDRESS 3160 SW 118TH AVENUE STREET ADDRESS CITY-ST-7IP **MIAMI FL 33175** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TUCKER, MONICA NAME STREET ADDRESS 18166 SW 29TH STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33029 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition SMITH, ELOICA T NAME NAME 11997 SW 270TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOMESTEAD FL 33032** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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-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 artachment with an address, with all other like empowered.

Theodore A. Gonzalez Jr./Chairman 1/08/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-477-0944

Daytime Phone #