2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am Secretary of State DOCUMENT # P00000065254 1. Entity Name PHILIPPE MARQUES 6, INC. 02-15-2001 90022 030 ***150.00 Principal Place of Business Mailing Address 6270 NW 37TH AVENUE 6270 NW 37TH AVENUE MIAMI FL 33147 31 1 4 1 MIAMI FL 33147 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 65-1080215 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABECASSIS, JASON 6270 NW 37TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33147 City 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. JASON ABECASSIS VICE PRESIDENT Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Ш Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (10/00) MARQUES, PHILIPPE ABECASSIS, JASON AVENUE Change Addition NAME NAME 6270 NW 37TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CR2E034 MIAMI, FL 33147 CITY-ST-7IP TITLE C Delete TITLE NAME ABECASSIS, HUGO NAME STREET ADORESS STREET ADDRESS 6270 NW 37th Avenue CITY-ST-71P CITY-ST-ZIP MIAMI, FL 33147 TILE Delete. TITLE CM . Change - Addition NAME ABECASSIS, JOEL 6270-HW-37-HAVENUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMU, PL 33147 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change Addition 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-7/P 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 the corporation of the corporation or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED

FILED