2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P00000072396 SULFAVEN INTERNATIONAL, CORP. 05-02-2001 90101 023 ***150.00 Mailing Address Principal Place of Business 3605 54TH DRIVE WEST. STE 204 3605 54TH DRIVE WEST, STE 204 **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Country Zip 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 TOVAR, ILEANA ARIAS ESQ Street Address (P.O. Box Number is Not Acceptable) THE CENTRE BUILDING 9900 STIRLING RD, STE 218 COOPER CITY FL 33024 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** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. 12. ☐ Addition ☐ Detete TITLE TITLE JOSE A BORGES ARNESEN NAME NAME 3605 54TH DRIVE WEST, STE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TIT! F MORELLA GALLO DE BORGES NAME NAME 3605 54TH DRIVE WEST, STE 204 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP ولما - الما حدد TITLE ---☐ Change ☐ Addition ☐ Delete JITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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-7(P 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. SIGNATURE: