2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000078005 1. Entity Name CUCU ENTERPRISES, INC. 05-14-2001 90264 026 ***150.00 Principal Place of Business Mailing Address 3507 GREAT BEAR COURT 3507 GREAT BEAR COURT ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business Mailing Address 7310 A oma Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U514 Fee Required US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NABIL AGHA SHOMAR, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 17439 NW 66 COURT MIAMI FL 33015 rve. 9 27 or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office egistered agent and title if applicable SFILE: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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition PTD Delete TITLE TITLE NAME NAME AGAHA, NABIL STREET ADDRESS STREET ADDRESS 3507 GREAT BEAR COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 □ Change ☐ Addition Delete TITLE TITLE VSD NAME NAME FEIALA, AMR STREET ADDRESS STREET ADDRESS 2801 NE 183 ST #1604 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Daytime Phone •

CITY-ST-ZIP