2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000079859 1. Entity Name LBV INVESTMENTS, INC. 04-30-2001 90027 007 ***150.00 Mailing Address Principal Place of Business % ALLEN & GALEGO % ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 601 BRICKELL KEY DRIVE. SUITE 805 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1041558 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALLEN & GALEGO Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE. SUITE 805 **MIAMI FL 33131** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATÉ Signature, typed or printed name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSD ☐ Addition ☐ Change Delete TITLE TITLE Luis Gerardo Bakker NAME NAME 601 Brickell Key Drive, Suite 805 STREET ADDRESS STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP SS ☐ Delete Change ☐ Addition TITLE Robert N. Allen, Jr. NAME NAME 601 Brickell Key Drive, Suite 805 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

Robert N. Allen, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

305-372-3300

Daytime Phone #

CR2E034 (10/00)