2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address Set DONNELLY CIRCLE DO NOT Writte in This SPACE Applied Flace at Business 12.43 International Place at Business 23.44 International Place at Business 24. Pennional Place at Business 25. On Not Writte in This SPACE 15. Pennional Place at Business 26. None at Address at Country 26. Country 27. Learning Country 28.75 Additional Place at Business 29. 28.75 Additional Place at Business 29. 28.75 Additional Place at Business 29. 28.75 Additional Place at Business 20. Country 30.85 Certificate of Status Desired 4. FEI Number 59. 28.30.49 International Place at Business 60. None and Address of Current Registered Agent CASTRO, MARIZA Sadd Donnelly Circle CRIA AND OF I. 32821 City FL Zip Code The above named enjiny automatic the statement for the purpose of changing its registered agent, or both, in the State of Florida. City FL Zip Code City FL Zip Code City FL Zip Code The above named enjiny automatic at electric to the purpose of changing its registered affect or registered agent, or both, in the State of Florida. City FL Zip Code After MAY 1, 2001 Fee will be 3550.00 Make Check Payable to Department of State City International Place Country International Place Countr		MENT # P0000		ORT (UBR)	FILED Mar 01, 2001 8:00 a Secretary of State
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Suite, Apt Jr., etc. DO NOT WRITE IN THIS SPACE			3. Mailing Address	to an atom O	
Country 20				acostinic ex	
S. Certification of Status Destrool Fee Required Fee Required T. Name and Address of New Registered Agent T		ando, Florida	City & State.	Florida	
CASTRO, MARIZA S840 DONNELLY CIRCLE ORALANDO FL 32821 City FL Zip Code City FL Zip Code City Cit	Zip 32	2819 Country U.S.A.			
Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Curre	ent Registered Agent	- Name -	7. Name and Address of New Registered Agent
The above named entity-submits, his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. INATURE Content Con	5840 DONNELLY CIRCLE			Street Addres	es (P.O. Box Number is Not Acceptable)
The above named enjoys ubmit his statement for the purcose of changing its registered office or registered agent, or both, in the State of Rorida. NATURE	OHALANDO FL 32821		City	₽ Zio Code	
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D CALZA, RODRIGO TADORESS 5840 DONNELLY CIRCLE ST-ZIP ORALANDO FL 32821 Delete ITTLE NAME STREET ADDRESS ST-ZIP Delete TITLE NAME STREET ADDRESS ST-ZIP Thereby 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 noticated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under one arty, that I am an officer or director.	T ADDRESS	MARTINS, RODRIGO 5840 DONNELLY CIRCLE	Delete	NAME STREET ADDRESS	Change Addition
ADDRESS TT-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition ADDRESS T-ZIP 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 or dicated on this report or 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 or dicated on this report or 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 or dicated on this report or 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 or dicated on this report is true and accurate this report as required by Changes for Florida Statutes and that my name accurate in Block 11 or Block 12 if	ADDRESS	D CALZA, RODRIGO 5840 DONNELLY CIRCLE	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of icated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under centry that I am an officer or director of the corporation or the receiver or trusteed empowered to execute this report as required by Change 607. Florida Statutes and that my name appears in Block 11 or Block 12 or B	ADDRESS	ONDERSTO PE GEGET	☐ Deleta	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
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dicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director if the congration or the receiver or trusted-lempowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 11 or Block 12 if the congration or the receiver or trusted-lempowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 11 or Block 12 if	address			STREET ADDRESS	
(M) Alacia Catta	T-ZIP				i