2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P0000087907 1. Entity Name BLUE SKY INTERNATIONAL CORP. 04-16-2001 90066 049 ***150.00 Principal Place of Business Mailing Address 15026 SW 113TH STREET 15026 SW 113TH STREET MIAMI FL 33196 **MIAMI FL 33196** 2. Principal Place of Business 3, Mailing Address 12490 ADOPKA VINELAND RD 12490 ADOPKA VINE LAND RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number FLORIDA FLORIDA ORLANDO 65-1057728 ORLANDO Not Applicable Zip 32830 \$8.75 Additional Country Country 32830 5. Certificate of Status Desired ORANGE DRANGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIKE DIAZ DINER, MANUEL 4P.O. Box Number is Not Acceptable Unite # 412 141 NE 3RD AVE STE 601 MIAMI FL 33132 3289 ORLANDO 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 2 20 2001 SIGNATURE Signature, typed or (NOTE: Registered Agent signature required when reinstating) title if applicable. -9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 PRESIDENT DRECTOR: GARAGE AND DIRECTORS IN 11 PRESIDENT DRECTOR: Grange AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE Delete TITLE NAMÉ NAME GESSEN, LUIS I STREET ADDRESS STREET ADDRESS 15026 SW 113TH STREET CITY-ST-ZIP CITY-ST-ZIP DRLANDO, FLORIDA 32821 MIAMI FL 33196 TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST. 7IP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ◆ □ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the corporati SIGNATURE: _X

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR