2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 24, 2002 8:00 am & Secretary of State P00000093698 DOCUMENT # 1. Entity Name FIERRO DESIGN CONSULTANTS, INC. Principal Place of Business Mailing Address 3000 S.W. 3RD AVE 3000 S.W. 3RD AVE #905 #905 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address 5956 5W STELET 5856 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1044870 FLORIDA HIAMI FLORIDA MIAMI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired. ____ ひって、A 0.5Δ 33195 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POPRITKIN, GILDA Street Address (P.O. Box Number is Not Acceptable) 3000 S.W. 3RD AVE #905 MIAMI FL 33129 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE PSD Change Delete TITLE POPRITKIN, GILDA 61UX+ POPEITKIN. NAME NAME 42 STREET 3000 S.W. 3RD AVE., #905 5W STREET ADDRESS STREET ADDRESS 5850 MIAMI FL 33129 CITY-ST-ZIP CITY-ST-ZIP MIAMI 33155 VD TITLE ☐ Delete TITLE ☐ Addition STACK, DONALD STARK, DONALD L NAME NAME SPEET 3000 S.W. 3RD AVE., #905 5856 SW 42 STREET ADDRESS STREET ADDRESS **MIAMI FL 33129** CITY-ST-7IP CITY-ST-ZIP MIAMI 33155 D Delete - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 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.