03-09-2001-90476-042\*\*\*\*1'50.00 **2001 UNIFORM BUSINESS REPORT (UBR)** P00000093800 FILED **DOCUMENT # P00000093800** 1. Entity Name 01 SEP 27 PH 12: 19 WATSON GROUP OF SOUTH FLORIDA, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 407 LINCOLN ROAD 407 LINCOLN ROAD SUITE 5-B MIAMI FL 33139 MIAMI FL 33139 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number F10 44607 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRITO, LUIS G Street Address (P.O. Box Number is Not Acceptable) **407 LINCOLN ROAD** SUITE 5-B MAMI FL 33139 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 appricable. (NOTE: Registered Agent signature re-FILE 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Change ☐ Delete TITLE LOPEZ, JORGE NAME NAME STREET ADDRESS 407 LINCOLN ROAD #5B STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP latify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filling does not indicated on this report or supplemental report is true and accuse to the corporation or the receiver or trustee employment to execute it changed, or on an attachment with an address with the properties of the corporation. SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FROM:

PHONE NO. :

Sep. 26 2801 09:11PM P1

Brito & Brito Accounting

407 Lincoln Road, Suite 5-b Miami Beach, Fl 33139 Corporate Accounting and Business Development Tel: (305) 534-9292/ Fax: (305) 534-7534

Attention: Mrs. Michael Florida Department of State **Division of Corporation** PO Box 6327 Tallahassee, Fl 32314 850-245-6017

September 27, 2001

Ref.: Watson Group of South Florida, Inc. Reinstatement-abate penalties

Dear Mrs. Michael,

Please note that the above Florida corporation is requesting to abate penalties and be reinstated since the filing fee was received on time and the document sent by the state was also return on a timely fashion.

Thanking you in advance.

Accontant

GB/irp