2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2002 8:00 am Secretary of State DOCUMENT # P00000098375 1. Entity Name 02-26-2002 90068 034 ***150 00 OTTO AND RETO INC. Principal Place of Business Mailing Address 5024 N FEDERAL HWY 5024 N FEDERAL HWY LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1053875 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired_____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE TALENCE, PATRICK Street Address (P.O. Box Number is Not Acceptable) 381 DRIFTWOOD TERRACE **BOCA RATON FL 33431** 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) 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, 2002 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ■ Addition NAME DETALENCE, PATRICK NAME STREET ADDRESS STREET ADDRESS 381 DRIFTWOOD TERR. CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME DEMAMELS, RETO STREET ADDRESS STREET ADDRESS 20890 ENCANTO COURT CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE ☐ Delete Change ☐ Addition NAME NAME DEMAMELS, RETO STREET ADDRESS STREET ADDRESS 381 DRIFTWOOD TERR. CITY-ST-ZIP CITY-ST-ZIP <u>BOCA RATON FL 33431</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DETALENCE, PATRICK NAME STREET ADDRESS STREET ADDRESS 381 DRIFTWOOD TERR. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMI

Daytime Phone #