2002 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2002 8:00 am Secretary of State P01000004146 DOCUMENT # 1. Entity Name WALDMANN INTERNATIONAL, INC. 02-08-2002 90006 033 ***150.00 Principal Place of Business Mailing Address 714 FERNWOOD ROAD 714 FERNWOOD ROAD MIAMI FL 33149 MIAMI FL 33149 2. Principal Place of Business Mailing Address De. Buckell 501 Brickell รอเ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste City & State Minni City & State Applied For 4. FEI Number 65-10681 33 Not Applicable Country U.S.A Zip 33131 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALWANT heema SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE NW CORAL GABLES FL 33134 City Mami 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 (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 X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change **PSTD** PSTD TITLE ☐ Delete TITLE ☐ Addition MORTINEZ, FEDERICO MARTINEZ, FEDERICO NAME NAME SOI BRICKELL KEY DR. STE SOY 714 FERNWOOD ROAD STREET ADDRESS STREET ADDRESS MiAMI, FL 33131 **MIAMI FL 33149** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 telephereute 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.

FEDERICS MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

FILED