2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary of State DOCUMENT # P01000012819 07-02-2002 90816 030 ***150.00 GERMAR HOLDINGS, INC. Mailing Address Principal Place of Business 600 NORTHEAST 36TH STREET PH. 28 600 NORTHEAST 36TH STREET PH. 28 MIAMI FL 33137 MIAMI FL 33137 Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 it applicable. 9. Champoration is eligible to satisfy its lintangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 9/01 ☐ Change ☐ Addition TITLE Delete TITLE NAME ROSS, GERALD D NAME CR2E034 STREET ADDRESS 600 NORTHEAST 36TH STREET PH, 28 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE SVD NAME MARTINEZ, MARITZA NAME STREET ADDRESS 600 NORTHEAST 36TH STREET PH, 28 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP ☐ Addition Change ☐ Delete. TITLE NAME NAME STREET ADDRESS STRFFT ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this 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 filing indicated on this report or supplemental report is true and

FILED Jul 02, 2002 8:00 am