FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91338 003 ***158.75

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DOCUMENT # P01000016234

1. Entity Name: NUFORMA USA, INC.

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2. Principal Place of Business: MIAMI	3. Mailing Address: 5901 N.W. 151 St.
Suite, Apt. #, etc.: 213	Suite, Apt. #, etc.:
City & State: MIAMI LAKES FLORIDA	City & State:
Zip: 33014 / Country: U.S.A.	Zip: / Country:

4. FEI Number: 65-1097211 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MORRIS L. DREW

Street Address (P.O. Box Number is Not Acceptable): 5901 N.W. 151 St. Suite 209

City: MIAMI LAKES FL Zip Code: 33014

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: FRANKLIN SILEBI — APRIL 30, 2002.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	CHAIRMAN
NAME	FRANKLIN SILEBI
STREET ADDRESS	3300 N.E. 191 St. Ap. 713
CITY-ST-ZIP	AVENTURA, FL. 33180
TITLE	VICE CHAIRMAN
NAME	ALFREDO GRU KOIFMAN
STREET ADDRESS	3300 N.E. 191 St. Ap. 713
CITY-ST-ZIP	AVENTURA, FL. 33180
TITLE	SECRETARY
NAME	ALVARO MURCIA SAMUDIO
STREET ADDRESS	3300 N.E. 191 St. Ap. 713
CITY-ST-ZIP	AVENTURA FL. 33180
TITLE	
NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN SILEBI — APRIL 30, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)