FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2002 8:00 am Secretary of State P01000019174 DOCUMENT # 1. Entity Name 04-10-2002 90475 037 ***150.00 VERTOM INC. Principal Place of Business Mailing Address 7103 COLLINS AVENUE 7103 COLLINS AVENUE MIAMI FL 33141 MIAMI FL 33141 2. Principal Place of Business 3. Mailing Address 7135 COLLINS 7135 COLLINS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1601 1601 City & State City & State 4. FEI Number Applied For BEACH niani niani 65-1080900 Not Applicable Zid Country Country \$8.75 Additional 5. Certificate of Status Desired 33141 031 US1 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUZMAN, MARIO I Street Address (P.O. Box Number is Not Acceptable) 9010 SOUTHWEST 137TH AVENUE **SUITE #206** MIAMI FL 33186 Zip Code City 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) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD ☐ Delete TITLE ☐ Change Addition CR2E034 (9/01 VERA. OSCAR EUGENIO NAME NAME STREET ADDRESS 7135 COLLINS AVENUE APT. #1601 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33141** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

04-01-02 305-8664259

agdress, with all other like empowered

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachmen

SIGNATURE: