FILED Sep 11, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P01000020408 **DOCUMENT#** 1. Entity Name 09-11-2002 90119 048 ***550.00 UNISPORT, U.S.A., INC. Principal Place of Business Mailing Address しいよいしませい 23389 LAGO MAR CIRCLE 23389 LAGO MAR CIRCLE **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Busines 3. Mailing Address 352 Tall Pines Rd 352 Tall Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBER, JOHN Street Address (P.O. Box Number is Not Acceptable) 23389 LAGO MAR CIRCLE **BOCA RATON FL 33433** 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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TIT! F ☐ Addition Weber WEBER, JOHN NAME NAME 1441 Brandy Wine Road 23389 LAGO MAR CIRCLE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ■ Addition ☐ Change REHMET, RALPH NAME NAME STREET ADDRESS 3201 S. OCEAN BLVD. #1002 STREET ADDRESS HIGHLAND BEACH FL 33481 CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition ☐ Change 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

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:

561-616-6250