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May 21, 2002 8:00 am
Secretary of State
05-21-2002 91236 022 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021866 ✓

1. Entity Name

SUPRANET MARKETING, CORP.

DO NOT WRITE IN THIS SPACE

666476

2. Principal Place of Business	3. Mailing Address
771 VILLAGE BOULEVARD	771 VILLAGE BOULEVARD
Suite, Apt #, etc: SUITE 204	Suite, Apt #, etc: SUITE 204
City & State: WEST PALM BEACH FL	City & State: WEST PALM BEACH FL
Zip: 33409 Country	Zip: 33409 Country

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4. FEI Number: 65-1082912

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: RODOLFO M CONTRERAS
Street Address (P.O. Box Number is Not Acceptable): 9096 PINE SPRINGS DR
City: BOCA RATON FL 33428

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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)

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

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

OFFICERS AND DIRECTORS

TITLE: PTD NAME: RODOLFO CONTRERAS STREET ADDRESS: 3143 CLINT MOORE ROAD CITY-ST-ZIP: BOCA RATON FL 33496	TITLE: PTD NAME: RODOLFO CONTRERAS STREET ADDRESS: 9096 PINE SPRINGS DR CITY-ST-ZIP: BOCA RATON FL 33428
TITLE: SVD NAME: MARISOL S GIMILIO STREET ADDRESS: 3143 CLINT MOORE ROAD CITY-ST-ZIP: BOCA RATON FL 33496	TITLE: SVD NAME: MARISOL S GIMILIO STREET ADDRESS: 9096 PINE SPRINGS DR CITY-ST-ZIP: BOCA RATON FL 33428
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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 above, or on an attachment with an address, with all other like empowered.

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