2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State P01000022142 DOCUMENT # 1. Entity Name 05-21-2002 91170 004 ***150.00 TDU INTERNATIONAL GROUP, INC. Mailing Address Principal Place of Business 1487 SW 85 TERRACE 1487 SW 85 TERRACE PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 2. Principal Place of Business 562008 ARBOR CLUB WAY 3. Mailing Address 562008 ARBOR CLUB WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 1084103 City & State , FLORINA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIANA, ROBERTO VIANA, ROBERTO O Box Number is Not Acceptable WAY 1487 SW 85 TERRACE PEMBROKE PINES FL 33025 this statem<u>ent for the pu</u>rpose of changing its registered office or registered agent, or both, in the State of Fiorida The above named entity submit SIGNATURE (NOTE: Registered Agent signature required when reinstating) nted name of registered agent and title if applicable. Signature, typed or FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (9/01 Change TITLE □ Delete TITLE RODRIGUEZ, JEFFREY E NAME NAME 535 E. MAUDE AVE. APT. #24 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNNYVALE CA 94086 CITY-ST-ZIP DVP Change ☐ Addition TITLE ☐ Delete VIANA ROBEMO 562008 ARBOR CLUB WAY BOCA PATON, FL 33433 DVP TITLE NAME VIANA, ROBERTO NAME STREET ADDRESS 1487 SW 85 TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIP Change ☐ Addition TITI F Delete CASTILLO DE VIANA, LUCILA TITLE NAME CASTILLO DE VIANA, LUCILIA NAME 4 562008 ANBON CLUB WAY STREET ADDRESS 1487 SW 85 TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Teport 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 of further 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: