FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 15, 2002 8:00 am Secretary of State DOCUMENT # P01000028969 1. Entity Name 07-15-2002 90193 008 ***150.00 SPA AZUR & CO., INC. Principal Place of Business Mailing Address 1221 BRICKELL AVENUE 1221 BRICKELL AVENUE 9TH FLOOR 9TH FLOOR **MIAMI FL 33131** MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1086900 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. s (P.O. Box Number is Not Acceptable) WASHINGTON AVENUE 343 ALMERIA AVENUE CORAL GABLES FL 33134 Miduni Beach 8. The above named entity submitsythis 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 agen Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD ☐ Delete TITLE Change ☐ Addition OTANI, MICHIKO NAME OTANI, MICHIKO NAME STREET ADDRESS 1221 BRICKELL AVENUE 9TH FLOOR 1334 Washington Avenue, 205 STREET ADDRESS CITY-ST-7/P **MIAMI FL 33131** CITY-ST-ZIP Miami Beach 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-7IP ☐ Delete TITLE ☐ Addition ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

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☐ Delete

7/8/02

(305)205.5829

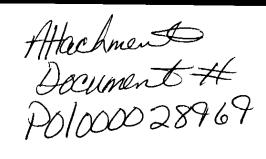
☐ Change

☐ Addition

Daytime Phone #

CR2E034 (4/02)





July 8, 2002

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O.BOX 1500 TALLAHASSEE, FL 32302-1500

Document #: P01000028969

Dear Sir/Madam:

Please be aware that I never received the 2002 UNIFORM BUSINESS REPORT at your first attempt in mailing it to me in February of this year.

In the future, I will contact you in the event that I have not received this package in the future.

Thank you for your time and attention.

Sincerely,

Michiko Otani
President