## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State P01000035735 DOCUMENT # 1. Entity Name 05-13-2002 90067 005 \*\*\*150.00 SORBAS INC. Principal Place of Business Mailing Address 215 NORTH FEDERAL HWY 245 NORTH FESERAL HWY DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business SODE. HALLANDALE ALMAN, DO NOT WRITE IN THIS SPACE BEACH BLA Applied For 4. FEI Number 01-0668396 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DAVID L. LAURENCE, P.A. 215 N. REDERAL HWY DANIA BEACHLFL 33004 8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE ered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) ☐ Delete TITLE TITLE RENTINO, FERNANDO SORRENTINO, FERNANDO NAME CR2E034 STREET ADDRESS 215 NORTH FEDERAL HWY STREET ADDRESS DANIA BEACH FL 33004 CITY-ST-ZIP CITY-ST-ZIP ۷D ☐ Delete TITLE TITLE NAME NAME BASSI, GEORGIO STREET ADDRESS STREET ADDRESS 215 NORTH FEDERAL HWY CITY-ST-ZIP DANIA BEACH FL 33004 CITY-ST-7IP Delete. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 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 receive or trustate 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 attachmen with an address with all other like empowered.

SIGNATURE: 4

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE