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FILED
Mar 10, 2002 8:00 am
Secretary of State

01-28-2002 90037 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065629 ✓

1. Entity Name

Palmetto Partners Consortium, Inc.

DO NOT WRITE IN THIS SPACE

71691

2. Principal Place of Business	3. Mailing Address
420 Lincoln Rd.	420 Lincoln RD.
Suite, Apt. #, etc. 444	Suite, Apt. #, etc. 444
City & State: Miami Beach, Fl	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1117946 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporate Creations Network, Inc.

Street Address (P.O. Box Number is Not Acceptable): 941 Fourth Street

City: Miami Beach FL Zip Code 33139

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.

SIGNATURE [signature], Esq. Joseph M. Barisic, Esquire DATE 1/22/02

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	Cheif Executive Officer/President	TITLE	
NAME	Juan Carlos Franceschi	NAME	
STREET ADDRESS	420 Lincoln RD., Suite 444	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Juan Carlos Franceschi	NAME	
STREET ADDRESS	420 Lincoln RD., Suite 444	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/22/02 7866219504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #