FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State P01000072301 DOCUMENT # 1. Entity Name -22-2002 90105 043 ***150.00 CLICK INTERNATIONAL, INC. Mailing Address Principal Place of Business 7061 GRAND NATIONAL DR.: SUITE 107-A 7061 GRAND NATIONAL DR., SUITE 107-A ORLANDO FL 32819 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country ' \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUMER, BARRY N ESQ. Street Address (P.O. Box Number is Not Acceptable) 5728 MAJOR BLVD., SUITE 311 ORLANDO FL 32819 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 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. (6) ☐ Addition Change ☐ Delete TITLE NAME NAME LIMA, JOAO CARLOS STREET ADDRESS 7061 GRAND NATIONAL DR., SUITE 107-A STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP Addition THE Delete ' TITLE NAME -DE ALBUQUERQUE, ANDRE O NAME STREET ADDRESS STREET ADDRESS 7061 GRAND NATIONAL DR., SUITE 107-A CITY-ST-7IP CITY-ST-ZIP ORLANDO: FL. 32819. ☐ Addition Change ☐ Delete TITLE TITLE NAMÉ NAME FARIAS, HUMBERTO JR. STREET ADDRESS 7061 GRAND NATIONAL DR., SUITE 107-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 13. Thereby 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 people 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 driptowered 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