2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 14, 2002 8:00 am Secretary of State P01000082355 DOCUMENT # 1. Entity Name ALBUL HOLDINGS INC. 05-14-2002 90586 001 ***300.00 Principal Place of Business Mailing Address 861 NW 135 COURT 861 NW 135 COURT MIAMI FL 33182 **MIAMI FL 33182** 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 37- 142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORALES, ALFREDO Street Address (P.O. Box Number is Not Acceptable) 861 NW 135 COURT MIAMI FL 33182 Zip Code City FL 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, 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 FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE ☐ Defete TITLE Change ☐ Addition MORALES, ALFREDO NAME NAME 861 NW 135 COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33182 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE WAGUI, MAURICIO NAME NAME 861 NW 135 COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33182** CITY-ST-709 CITY-ST-ZIP TITLE D— KUNZKE, HANS 861 NW 135 COURT **X**-Delete TITLE □-Change X Addition CASTRO, RAUL NAME NAME 861 NW 135 CT STREET ADDRESS STREET ADDRESS MHAMI FL 33182 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 3318Z TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition 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 fue 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 employees 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 other leg provided.

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