FILED
Apr 09, 2002 8:00 am
Secretary of State
03-11-2002 90077 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084008

1. Entity Name
MEXICALI ROSE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5180 S. Conway Road	820 Lake Kathryn Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: CASSELBERRY, FL
Zip: 32812 Country: Orange	Zip: 32707 Country: Seminole

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3752813 ☐ 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: ~~Krist Nikollaj~~ David Crowder

Street Address (P.O. Box Number is Not Acceptable): 820 Lake Kathryn Circle

City: Casselberry FL Zip Code: 32707

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] David Crowder 3/27/02
Signature, typed or printed name of registered agent and date, as applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 P NAME Krist Nikollaj STREET ADDRESS 820 Lake Kathryn Circle CITY-ST-ZIP Casselberry, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Mhill Nikollaj STREET ADDRESS 820 Lake Kathryn Circle CITY-ST-ZIP Casselberry, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Jozef Nikollaj STREET ADDRESS 820 Lake Kathryn Circle CITY-ST-ZIP Casselberry, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Daniel Perez STREET ADDRESS 820 Lake Kathryn Circle CITY-ST-ZIP Casselberry, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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] Krist Nikollaj 2/25/02 (407) 235-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #