FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90060 007 ***150.00

DOCUMENT # P01000108664

1. Entity Name

ISLAND TREASURES OF THE EARTH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
777 NW 77 AVE	777 NW 77 AVENUE
Suite, Apt. #, etc.: SUITE 2AA11	Suite, Apt. #, etc.: SUITE 2AA11
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33126 Country: U.S.A.	Zip: 33126 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1154126 ☐ 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: LUIS A MEDINA

Street Address (P.O. Box Number is Not Acceptable): 7513 LOCHNESS DRIVE

City: MIAMI LAKES, FL Zip Code: 33014

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 _____ DATE
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	P/T
NAME	LUIS A MEDINA
STREET ADDRESS	7513 LOCHNESS DR
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	VP/S
NAME	BERTA E MEDINA
STREET ADDRESS	7513 LOCHNESS DRIVE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 04/29/02 (305)260-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #