FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90056 029 ***150.00

653371

DOCUMENT # P01000110863

1. Entity Name
DEMAS INVESTMENT CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
877 MARINA DRIVE	877 MARINA DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston FL	City & State: Weston FL
Zip: 33327 Country: Broward	Zip: 33327 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable ✓

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

7. **Name and Address of Current Registered Agent**
Name: Alejandro Echeverri
Street Address (P.O. Box Number is Not Acceptable): 877 MARINA DRIVE
City: Weston **FL** Zip Code: 33327

DO NOT WRITE IN THIS SPACE

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]
Signature, typed or printed name of registered agent and title if 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	PD
NAME	Margarita Echeverri
STREET ADDRESS	877 MARINA DRIVE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	VPSD
NAME	Alejandro Echeverri
STREET ADDRESS	877 MARINA DRIVE
CITY-ST-ZIP	Weston FL 33327

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: [signature] Alejandro Echeverri 4/24/2002 954 803243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #