FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 25, 2002 8:00 am Secretary of State DOCUMENT # P01000112309 1. Entity Name 06-25-2002 90436 010 ***550.00 RENOVA, INC. Mailing Address Principal Place of Business 3501 SW 107 AVE 3501-SW 107 AVE MIAMI FL 33165 **MIAMI FL 33165** 3. Mailing Address 2. Principal Place of Business 79 AVE 2103 N.W. 2103 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State MIAMI MIAMI Not Applicable -Zip 33122 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHINSKI JURGE DIAZ, NELSON I Street Address (P.O. Box Number is Not Acceptable) 3501 SW 107 AVE Z103 N.W. 79 CHYMIAMI, FL **MIAMI FL 33165** 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 JORGE 405E CHINSKI (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of egistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE **PSTD** JORGE CHINSKI NAME NAME CHINSKI, JORGE 2103 N.W. 79 AVE STREET ADDRESS STREET ADDRESS 3501 SW 107 AVE 33122 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/02 305-502-2295

Date

Daytime Phone #

4 (9/01)