**FILED**
**Jul 14, 2002 8:00 am**
**Secretary of State**
05-21-2002 90892 030 ***158.75

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112538

1. Entity Name
NEWELL'S CORP.

97134

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc | 2742 Biscayne Blvd<br>Suite, Apt. #, etc |
| City & State | City & State: Miami FL |
| Zip / Country | Zip: 33137 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1155595 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: OSCAR GRISALES - RACINI

Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Avenue
Suite 700

City: Miami FL Zip Code: 33131

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: _____ 04/23/2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) 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 $500.00
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 | Jose Luis D'amato |
| STREET ADDRESS | 1001 Brickell Bay Dr #2600 |
| CITY-ST-ZIP | Miami FL 33131 |
| TITLE | VD |
| NAME | Lidia Lujan Lemoone |
| STREET ADDRESS | 1001 Brickell Bay Dr #2600 |
| CITY-ST-ZIP | Miami FL 33131 |
| TITLE | TD |
| NAME | Roberto D. D'amato |
| STREET ADDRESS | 1001 Brickell Bay Dr #2600 |
| CITY-ST-ZIP | Miami FL 33131 |
| TITLE | SD |
| NAME | Lidia Lujan D'amato. |
| STREET ADDRESS | 1001 Brickell Bay Dr #2600 |
| CITY-ST-ZIP | Miami FL 33131 |
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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: X _____ PRESIDENT 04/23/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #