FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91516 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000011493

1. Entity Name
METHEORA INC

Principal Place of Business	Mailing Address
10065 NW 46 ST. SUITE, 305 MIAMI, FL 33178	10065 NW 46 ST. SUITE, 305 MIAMI, FL 33178

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	5600 NW 107 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1409
City & State	City & State MIAMI FLORIDA
Zip / Country	Zip 33178 / Country DADE

4. FEI Number 42-1528858 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIO, ANGELA M
10065 NW 46 ST.
SUITE, 305
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name RUBIO, ANGELA M.
Street Address (P.O. Box Number is Not Acceptable) 5600 NW 107 AVENUE #1409
City MIAMI FL Zip Code 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Angela M. Rubio 04/14/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	RUBIO, ANGELA	NAME	RUBIO, ANGELA
STREET ADDRESS	10065 NW 46 ST #305	STREET ADDRESS	5600 NW 107 AVE #1409
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP	MIAMI FL 33178
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Angela M. Rubio. 04/14/03 786 473 3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #