03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 28 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000021605

1. Entity Name

SANOL GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
27300 West Atlantic Blvd.	27300 West Atlantic Blvd.
Suite, Apt. #, etc.: 200 - 37	Suite, Apt. #, etc.: 200 - 37
City & State: POMPANO BEACH - FL	City & State: POMPANO BEACH - FL
Zip: 33069 Country: USA	Zip: 33069 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 010681979 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: RAICIC, MERITA

Street Address (P.O. Box Number is Not Acceptable): 27300 West Atlantic Blvd. Ste. 200 - 37

City: POMPANO BEACH FL Zip Code: 33069

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: Merita Raicic 04/25/03

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 P.D.	
NAME JUSTE, EDUARDO O.	
STREET ADDRESS 27300 West Atlantic Blvd. Ste 200 - 37	
CITY-ST-ZIP Pompano Beach - FL 33069	
TITLE F.D.	
NAME SANTANA, FERNANDO	
STREET ADDRESS 27300 West Atlantic Blvd. Ste 200 - 37	
CITY-ST-ZIP Pompano Beach - FL 33069	
TITLE S.D.	
NAME RAICIC, MERITA	
STREET ADDRESS 27300 West Atlantic Blvd. Ste 200 - 37	
CITY-ST-ZIP Pompano Beach - FL 33069	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Merita Raicic MERITA RAICIC 04/25/03 (321) 725-8676

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

gt 4/29