FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90436 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 30033244 DOCUMENT # P02000110525 1. Entity Name LAW OFFICES OF VILLAMANAN AND BABINSKY, Principal Place of Business Mailing Address 4501 SW 10TH ST. 4501 SW 10TH ST. MIAMI, FL 33134 MIAMI, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Act # etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Country Ζıρ Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33145 Zip Code 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. FILE NOVIII FEE IS \$150.00 (4) After May 1, 2003 Fre will be \$550.00 (4) Make Check Payable to Florida Department of State Election Campaign Financing \$5.00 May Be 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TALE VILLAMANAN, ALEXANDER NAME NAME 4501 SW 10TH ST. STREET ADDRESS STREET ADDRESS MIAMI, FL 33134 COTY-ST-2/P ☐ Delete TITLE ☐ Change Addition BABINSKY, NICOLAS NAME STREET ADDRESS 4501 SW 10TH ST. STREET ADDRESS CITY-ST-ZP MIAMI, FL 33134 CITY-ST-ZIP ☐ Delete TITLE Change Addition NALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME HALL STREET ADDRESS STREET ADDRESS City-St-2P CAY-ST-ZIP ☐ Delete 1816 ☐ Change Addition MALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CffY-51-2(P 3111 F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-2P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE: 2-6-03 305-246-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR