2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # P93000057313 05-15-2001 90150 040 ***150.00 CHANTAL HEVIA & COMPANY, INC. Mailing Address Principal Place of Business 201 EAST KENNEDY BLVD 201 EAST KENNEDY BLVD #1407 765260 #1407 TAMPA FL 33602 TAMPA FL 33602 US US 3. Mailing Address 2. Principal Place of Business 4600 N. Habana RV ob N. Habona Ar DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3218855 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired usa USI Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Register Name HEVIA, CHANTAL R Street Address (P.O. Box Number is Not Acceptable) 201 EAST KENNEDY BLVD SUITE #1407 TAMPA FL 33602 Zip Code City FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. 11. CR2E034 (10/00) ☐ Change ☐ Addition **PVST** TITLE ☐ Delete TITLE HEVIA, CHANTAL R NAME NAME 201 EAST KENNEDY BLVD SUITE #1407 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition ☐ Delete TITLE Change TITLE HEVIA, CHANTAL R NAME NAME 201 EAST KENNEDY BLVD SUITE #1407 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33602** ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP