2001 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # P93000088210 1. Entity Name FERBEN INVESTMENTS, INC. 05-07-2001 90050 030 ***158.75 Mailing Address Principal Place of Business 12515 NORTH KENDALL 12515 NORTH KENDALL STE. 328 STE. 328 MIAMI FL 33186 MIAMI FL 33186 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0504973 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 100 CORAL WAY CORAL GABLES FL 33134 Way 1001 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition □ Delete TITLE TITLE ernandez FERNANDEZ, JORGE NAME NAME STREET ADDRESS Coral Way STREET ADDRESS 100 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** ☐ Addition ☐ Delete TITLE TITLE ALVAREZ, FERNANDEZ L NAME NAME STREET ADDRESS 832 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Addition Delete TITLE Change TITLE FERNANDEZ, JORGE NAME NAME STREET ADDRESS 832 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** □ Change ☐ Addition Delete TITLE TITLE FERNANDEZ, MARITZA NAME NAME 1001 CORAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR