FILED FOR PROFIT CORPORATION May 09, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P940000 28916 05-09-2002 90030 013 ***150.00 1. Entity Name SERENA INVESTMENTS, INC. (1)1 1 1 1 DO NOT WRITE IN THIS SPACE Principal Place of Business 3. Mailing Address 3431 Pir Ride pire Rida Koau 343, ROGH Suite, Apt. #, etc. 5 (1) He 101 DO NOT WRITE IN THIS SPACE City & State "Þuo FL FEI Number Applied For 12 Country Not Applicable Country 1109 カル ier Certificate of Status Desired \$8.75 Additional Fee Required Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE F The abov submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. na ed é SIGNATURE 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 January 1 - May 1, Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Amended UBR is \$61.25 Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS σ TITLE TITLE 🔊 🕅 white JOhn NAME CR2E034B (12/01) 3 19 NAMES STREET ADDRESS 200 3431 Pile Kide Kood Juiltera STREET ADDRESS CITY-ST-ZIP CITY:ST-ZP TILE time States NAME NANG 🔨 STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZP_X TITLE MILL Same NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE TILLE NAME IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP : City St Zip 🖓 TITLE ĴHĹE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE mu NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP& I hereby certify that the information indicated on this report of supple of the corporation or the received action 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 potential 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 visite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an of the corporation or the receiver or sustee empowered to attachment with an address, with all other like empowered. SIGNATURE: 4-30-02 (941) 566-2013 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TURE ANT