FILED
Jun 12, 2003 8:00 am
Secretary of State
05-05-2003 91803 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P94000040665 (L)

1. Entity Name
PALMA BRAVA, INC.

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55047693

2. Principal Place of Business	3. Mailing Address
6601 LYONS ROAD	6601 LYONS ROAD
Suite, Apt. #, etc. UNIT I-1	Suite, Apt. #, etc. UNIT I-1
City & State COCONUT CREEK, FL.	City & State COCONUT CREEK, FL
Zip 33073 Country USA	Zip 33073 Country

DO NOT WRITE IN THIS SPACE 06/4000

4. FEI Number 65-0614000 ☐ 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: LEE WINSTON

Street Address (P.O. Box Number Not Acceptable): 6601 LYONS ROAD UNIT I-1

City: COCONUT CREEK FL Zip Code: 33073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1st - May 1st Fee is $150.00
After May 1st 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 AS NAME Lee, MILA NABOR ☒ DELETE STREET ADDRESS 50 SKYVIEW CRESCENT CITY-ST-ZIP DOWN MILLS, ONTARIO, CA M3J 2B-8	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME LEE, JAMES ☒ DELETE STREET ADDRESS 50 SKYVIEW CRESCENT CITY-ST-ZIP DOWN MILLS ONTARIO, CA M3J 2B-8	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE CED NAME LEE, WINSTON J STREET ADDRESS 6295 NW 104TH WAY CITY-ST-ZIP PARKLAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE P NAME LEE, ROXAN STREET ADDRESS 25 FELTHAM ROAD CITY-ST-ZIP MARKHAM ONTARIO L3R 6R2	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE C NAME LEE, HUBERT C STREET ADDRESS 641 DENISON STREET CITY-ST-ZIP SCARBOROUGH, ONTARIO MB 2N9	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: ✓ Winston J. Lee 4/29/03 954-360-0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #