2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am DOCUMENT # **P94000055612**, **Secretary of State** PLANETA PUBLISHING CORP. 02-27-2001 90322 027 ***158.75 Principal Place of Business Mailing Address 939 CRANDON BOULEVARD 939 CRANDON BOULEVARD KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 PAIVIT 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0509191 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIEZ-CANEDO, FELIPE Street Address (P.O. Box Number is Not Acceptable) 939 CRANDON BLVD **KEY BISCAYNE FL 33149** City Zip Code 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 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 11. 12. TITLE ☐ Delete DIEZ-CANEDO RUIZ, FELIPE NAME NAME 939 CRANDON BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** ☐ Addition TITLE ☐ Delete TITLE Change **ROCA, EUGENIO** NAME NAME STREET ADDRESS 939 CRANDON BLVD STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL 32149 CITY-ST-ZIP TITLE Delete TITLE Change Addition NORMAN, MARLA NAME NAME STREET ADDRESS 1 ALHAMBRA CIRCLE #603 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33134 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 impowered 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 accordingly that the information is the information of the corporation or the receiver 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 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 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 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

FELIAE DIEZ-CANED

02/19/0

(305)3610053

Daytime Phone #