## 2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am Secretary of State DOCUMENT # P94000076145 05-17-2001 90388 039 \*\*\*150.00 E.K.M.A., INC. Principal Place of Business Mailing Address **EKMA.INC** 13404 SW 131 ST MIAMI FL 33186 P.O. BOX 560186 MIAMI FL 33256-0186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0530015 Not Applicable Country Country \$8.75 Additional 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 CAMILLERI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) ADORNO & ZEDER 888 SE 3 AVE SUITE 500 FT. LAUDERDAL FL 33335 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition Delete TITLE TITLE BITZ, MICHAEL D NAME NAME 13404 SW 131 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP Change ☐ Addition ☐ Delete 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-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information of the 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 supplementation of the corporation or the received 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 received at the 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 of the received at the empowered.

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

29 PMU 07 3252565

☐ Change

☐ Addition