2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

Sail Sail

SIGNATURE AND TYPED OR PRINTED

FILED DOCUMENT # **P9500030677** Apr 27, 2000 8:00 am Secretary of State ANTONIO GELLONA CORPORATION 04-27-2000 90050 050 ***150.00 Mailing Address Principal Place of Business 608 N.E. 8TH AVE. 608 N.E. BTH AVE. FT. LAUDERDALE FL 33304-5009 FT. LAUDERDALE FL 33304 TUTOFF 2. Principal Place of Business 3. Mailing Address 2125 UE 254 St 2125 NE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Ant. #, etc. Applied For City & State 4. FEI Number 65-0573364 WILTON MANORS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 330 S Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEINFELD, ALAN L Street Address (P.O. Box Number is Not Acceptable) C/O DUNCANSON & SHEINFELD, P.A. 2131 HOLLYWOOD BLVD, #507 HOLLYWOOD FL 33020 Zip Code 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 DATE 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, 2000 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. X Change Addition ☐ Delete TITLE TITLE NAME NAME GELLONA, ANTONIO STREET ADDRESS 2125 N.E. 25th Street STREET ADDRESS 608 N.E. 8TH AVE.. #1 CITY-ST-ZIP Wilton Manors, FL 33305 CITY-ST-ZIF FT. LAUDERDALE FL Addition X Change TITLE ☐ Delete TITLE HERRERA, FELIPE NAME 2125 N.E. 25th Street STREET ADDRESS STREET ADDRESS 608 N.E. 8TH AVE., #1 CITY-ST-ZIP Wilton Manors, FL 33305 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted for on an attachment with an address with a first other the proposered.

NIO GellowA President