2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000032793 Apr 30, 2000 08:00 AM 1. Entity Name **Secretary of State** C & M BUSINESS SERVICES, INC. Principal Place of Business Mailing Address 12000 BISCAYNE BLVD, STE 304 1540 CLEVELAND ROAD FL MIAMI FL 33181 33141 2. Principal Place of Business 3. Mailing Address 1540, CLEVELAND ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI BEACH FL 65-0617423 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33140 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT L. JAMERSON, JR., P.A. 2655 LEJEUNE ROAD Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE II CORAL GABLES FL 33134 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. 04/30/2000 MARCELO RIZZO GALHA 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VPT ☐ Delete TITLE ☐ Change ☐ Addition GALHA CREUZA COSTA NAME STREET ADDRESS 1540 CLEVELAND RD STREET ADDRESS CITY-ST-ZIP MIAMI BCH 33141 CITY-ST-ZIP TITLE ☐ Delete PS TITLE X Change ☐ Addition NAME MARCILO RIZZO NAME MARCELO RIZZO GALHA GALHA STREET ADDRESS 1540 CLEVELAND RD STREET ACCRESS 1540 CLEVELAND RD CITY-ST-ZIF MIAMI RCH FL 33141 CITY-ST-718 MIAMI BCH FL. 33141 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition 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-7IP CITY-ST-7/8

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.