2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P95000072903 1. Entity Name VESTO, INC. 01-25-2001 90158 020 ***150.00 Mailing Address Principal Place of Business XAROX JAHARIK JK 20/32 2000 NORTHEASTX 78TH ASTRIBET XBOSCX XRATONXFK 30467X 1516 XIXFROK BAIX BAVX X SUITEX 300X BOCA: BATON XIX32432 2. Principal Place of Business 3. Mailing Address 1412 Thatch Palm Drive Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0752997 Boca Raton, FL Not Applicable Zip. Zip Country -Country \$8.75 Additional -5. Certificate of Status Desired 33432 Fee Required Palm Beach 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Archie Long MESPLYCCK ADMINIORY Street Address (P.O. Box Number is Not Acceptable) 1412 Thatch Palm Drive KARATA KIYAS X XAYA KIYA KIKEPT BOCA THAT CHATE SISTANT Boca Raton 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. (NOTE: Registered Agent signature required when reinstating) ted name of re FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its lytangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. K Change ☐ Addition X Delete TITLE TITLE President/Director VESPUCCI, ANTHONY NAME Archie Long 1412 Thatch Palm Drive NAME STREET ADDRESS 800 NORTHEAST 76TH STREET STREET ADDRESS CITY-ST-ZIP Boca Raton, FL 33432 CITY-ST-ZIP **BOCA RATON FL** Vice-Pres./Director X Change ☐ Addition TITLE ☐ Delete TITLE NAME Margaret L. Long 1412 Thatch Palm Drive NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP___ Boca Raton, FL -33432-CITY-ST-ZIP-☐ Addition Change 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 ☐ Change ☐ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empowered of 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 a tother like empowered.

TERMAME OF SIGNING OFFICER OR DIRECTOR