2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P9600000051 SERPENT INTTERNATIONAL, INC. 02-01-2001 90093 030 ***150.00 Mailing Address Principal Place of Business 2830 NW 79TH AVE 2830 NW 79TH AVE MIAMI FL 33122 MIAMI FL 33122 910771 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0631009 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Enberg ROTHMAN, MICHAEL Address (P.O. Box Number is Not Acceptable 2930 NW 79 Ave. 11900 BISCAYNE BLVD **SUITE 740** MIAMI FL 33181 enging its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of ch gent 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete Change Addition TITLE TITLE BERVOETS, PETRUS M NAME NAME STREET ADDRESS **ZOMERLAAN 24** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2103 AJ HEMSTEEDE NETHERLAND Change ☐ Addition ☐ Delete TITLE TITLE ENBERG, FRANCIS E NAME NAME STREET ADDRESS 821 NE 99 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL 33138 Change Addition ☐ Delete TITLE TITLE NÃME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 empowered to execute this report as remarked 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 expowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OF BURECTOR Date Distance Phone II