2000 UNIFORM BUSINESS REPORT (UBR) E.V. M. Pool Savia Cor FILED 00 SEP 29 AM 10: 59 Mailing Address Principal Place of Business 5000 SW 101 Ave 50005W 101 Ave SECRETARY OF STATE Mami FL-33165 Migmi FL-33160 JALLAHASSEE FLORIDA 2. Principal Place of Business Mailing Address 101 AV JOIAVE 7*000* Suite, Apt. #, etc. Suite, Apt. #, etc. 04/09/99 00079 013 PAGE 15 City & State Inot Applicable lj@mi liami \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Vinder Martinez Rollin Vindey Moutinez 5000 SW 101 AV Miami FL-33165 FL . The above named entity submit this stater ent 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) 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. Make Check Payable to Department of State (See criteria on back)____ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ■ Addition Kolwin Vinder M. President TITLE NAME NAME 50005W 101 AVE STREET ADDRESS STREET ADDRESS Miami FC-33165 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE **700003420727--**-10/10/00--01085--026 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delētē TITLE ·[=]·Change 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 TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 the corporation of the receiver of 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 the corporation of the receiver of of the receive of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

OFFICER OR DIRECTOR

E.V.M. Pool Service Corp. 5000 SW 101st AVE Miami, Fl 33165 Of (305) 270-2042 H (305) 279-1621 Email @ evmwendy@msn.com

Thursday, August 24, 2000

Florida Department of State
Katherine Harris
Secretary of State

Subject: E.V. M. Pool Service Corp. Ref.# P96000009993

On 1999 I was unable to file a UBR form due to I changed my address, and the application for the period of time reached my old address and not my current one.

Later on I realized about it and requested it to get back on track, however I missed out some instructions on it and as a result you sent it back to me. At the time I spoke to someone in the Reinstatement Dpmt to get help about it and I was instructed to resend my UBR form again with the \$ 150.00 fee.

Thank you so much.