2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am DOCUMENT # P96000010930 -**Secretary of State** FTL INTERNATIONAL, INC. 03-01-2001 90007 025 ***150.00 Principal Place of Business Mailing Address 1111 KANE CONCOURSE, SUITE 518 1111 KANE CONCOURSE, SUITE 518 BAY HARBOR ISLAND FL 33154 BAY HARBOR ISLAND FL 33154 923926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 65-0637509 Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIGNET INTERNATIONAL, INC. Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE **SUITE #518 BAY HARBOR ISLAND FL 33154** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete GITMAN, YAKOV NAME NAME 1111 KANE CONCOURSE, SUITE 518 STREET ADDRESS STREET ADDRESS **BAY HARBOR ISLAND FL 33154** CITY-ST-ZIP CITY-ST-ZIP VSTD TITLE ☐ Delete TITLE Change ■ Addition MARTYNOV, ALEX NAME NAME 1111 KANE CONCOURSE, SUITE 518 STREET ADDRESS STREET ADDRESS BAY HARBOR ISLAND FL 33154 CITY-ST-ZIF CITY-ST-ZIP T Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE Addition 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-7IP Delete Addition TITLE TITLE NAME NAME

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 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

AN 02.66.2001 305-867-1228