| 2001 | UNIFORM | BUSINESS | REPORT | (UBR |
|------|----------------|-----------------|--------|------|
|------|----------------|-----------------|--------|------|

| 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000019173 | | | | | | 3) | FILED May 05, 2001 8:00 am Secretary of State 05-05-2001 91100 011 ***150.00 | | |
|--|---------------------------------|---|---|--|------------------|--|--|--|--|
| 1. Entity Name NEPTUNE ONE, INC. | | | | | | | | | |
| Principal Place of Business 7370 NW 36TH ST #338 MIAMI FL 33166 | | | Mailing Address 7370 NW 36TH ST #338 MIAMI FL 33166 | | | D0047853 | | | |
| 2. Principal Place of Business 3608 SW 166 Ave. Suite, Apt. #, etc. | | | 3. Mailing Address 3608 SW 166 Ave. Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State Miramar, FL | | | City & State Miramar, FL | | | | 4. FEI Number 65-0650664 Applied For Not Applicable | | |
| 33027 | | Country Broward | ^{Zip} 33027 | Country Broward | | | 5. Certificate of Status Desired | | |
| | | and Address of Current | Registered Agent | | Name | | 7. Name and Address of New Registered Agent | | |
| MANRIQUE, ERSIA I 291 W. PARK DR., #103 MIAMI FL 33173 | | | -~ | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | 3608 SW 166 Ave. | | | | | |
| 8. The above | named entit | y submits this statement fo | r the purpose of changing its | register | 1 | Miran registered | tmar FL Zip Code 33027 and agent, or both, in the State of Florida. | | |
| SIGNATURE | Signature, typed | or printed name of registered agent | and title if applicable (NOT | F: Registere | d Agent signatur | re required wh | when reinstating) DATE | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE I After MAY 1, 2001 Fee I Make Check Payable to De | | | | IS \$150.0 will be \$5 | 0 50.00 | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | |
| 11. | | OFFICERS AND | | 12, | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | e, ersia i . 122 court | ☐ Delete | TITLI NAM STRE | 1 | 360 | nrique, Ersia I. 08 SW 166 Ave. ramar, FL 33027 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SOTOLON | IGO, HECTOR R . 122 COURT | ☐ Delete | | | DS Sot 360 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SOTOLON | IGO, MARIO 169 ST #405 | | NAM STRE | 1 | V Sot 394 | tolongo, Mario 48 NE 169 St. #405 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M SOTOLON | IGO, HECTOR 169 ST #405 | ☐ Delete | 1 | 1 | M Sot 394 | Miami Beach, FL 33160 Change Addition Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | mw uni i L | 40.00 | ☐ Delete | | , | IN | Miami Beach, FL 33160 Change Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | ☐ Change ☐ Addition | | |
| indicated of the cor | on this repor poration or th | t or supplemental report is le receiver or vustee empo | true and accurate and that r | ny signat as requi | ture shall ha | ive the sar | ction 119.07(3)(i), Florida Statutes. I further certify that the information tame legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 11 or Block 12 if | | |

04/26/01

Date

(954)322-5551

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: