2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am³/₂ Secretary of State DOCUMENT # P96000022229 1. Entity Name 05-02-2002 90152 017 ***150 00 BECKY'S ROMANCE, INC. Principal Place of Business Mailing Address 7513 LOCH NESS DR 7513 LOCH NESS DR MIAMI FL 33014 MIAMI FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0733606 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEDINA, BERTA E Street Address (P.O. Box Number is Not Acceptable) 7513 LOCH NESS DR MIAMI FL 33014 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME MEDINA, BERTA E NAME STREET ADDRESS 7513 LOCH NESS DR STREET ADDRESS CITY-ST-7IP HIALEAH FL 33014 CITY-ST-ZIP TITLE VP ☐ Delete TITLE Change ☐ Addition NAME MEDINA, LUIS H NAME STREET ADDRESS 7513 LOCH NESS DR STREET ADDRESS CITY-ST-7IP HIALEAH FL 33014 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition = NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 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.

FILED