2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

DOCUMENT # **P96000039539** Apr 10, 2000 8:00 am Secretary of State NATALIE INTERNATIONAL CORPORATION 04-10-2000 90099 042 ***150.00 Mailing Address Principal Place of Business 133 E. FLAGLER STREET 133 E. FLAGLER STREET MIAMI FL 33131-1101 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 139 E.FLAGLER STREET BY E. FLAGLED STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0667578 FLORION Not Applicable MIAMI. - FLORIBA MIAMI Zip Country Country \$8.75 Additional **£3**134 5. Certificate of Status Desired V.CA Fee Required કેત્કેત કેત U.SA. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTH, LEONARDO A Street Address (P.O. Box Number is Not Acceptable) 9350 SOUTH DIXIE HIGHWAY PENTHOUSE TWO MIAMI FL 33156 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. **PVTS** ☐ Change Addition TITLE ☐ Delete TITLE FAUDIN, BERTA NAME STREET ADDRESS 133 E. FLAGLER ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition ☐ Delete ☐ Change TITLE FAUDIN, BERTA NAME NAME 133 E. FLAGLER ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition ☐ Dēlete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.