2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # **P96000044649** 1. Entity Name 300 ARAGON, INC. 05-03-2000 90119 004 ***150.00 Mailing Address Principal Place of Business 230 GRECO AVE., SUITE 104 200 S. BISCAYNE BLVD OORAL CABLES FL 33146 **SUITE 4815** MIAMI FL 33131-2303 2. Principal Place of Business 3. Mailing Address 4343 WEST FLAGLER STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SULTE 505 City & State 4. FEi Number City & State 65-0669189 MIAMI, FL Zip Country Zip Country 5. Certificate of Status Desired 33134 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALUSSOLIA & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. **SUITE 4815 MIAMI FL 33131** 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. DATE (NOTE: Registered Agent signature required when (einstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so \Box Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE TITLE NAME SALUSSOLIA, PIERO NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change 200 SOUTH BISCAYNE BLVD., SUITE 4815 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TD ☐ Delete TITLE Change ☐ Addition TITLE FIAMBERTI. EUGENIO NAME

NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 TITLE

TITLE

CITY-ST-ZIP

Applied For Not Applicable

\$8.75 Additional Fee Required

Zip Code

\$5.00 May Be Added to Fees

STREET ADDRESS 300 S. POINTE DR, APT 3506 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 X Change Addition ☐ Delete TITLE TITLE -Zerbone, Alex NAME ZERBONE, ALEX STREET ADDRESS 380 CRECO AVE., SUITE 104 4343 WEST FLAGER: STREET: SULTE 505 CITY-ST-ZIP MTAMT, FL 33134 TITLE ☐ Change Addition Delete DALLE MOLLE, ALDO DALLE MOLLE, ALDO NAME NAME STREET ADDRESS 300 S. POINTE DR. APT 3506 STREET ADDRESS 300 S POINTE DR. APT-3506 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 MIAMI-BEACH FL 33139-Change (Change ■ Addition Delete TITLE TITLE AS CAMPS, MARIA ELENA NAME NAME FUENTES, CARMEN STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD, SUITE 4815 200 S. BISCAYNE BLVD., SUITE 4815 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** MIAMI, FL 33131 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP