2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000055462 1. Entity Name CARIGROUP COMMUNICATIONS, INC. Principal Place of Business Mailing Address 6610 N UNVIERSITY 6610 N UNVIERSITY STE 250 STE 250 TAMARAC FL 33321 TAMARAC FL 33321 US

FILED May 22, 2001 8:00 am Secretary of State

05-22-2001 90010 013 ***150.00



| 733 U | Place of Business I'UA PORTOFINO CONCLE | 3. Mailing Address 743 WWA | STEED FINO CINC | | | | | |
|---|--|---------------------------------|--|---|-----------|--------------------------|------------|-----------------|
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN | THIS SPA | CE | | |
| City & Sta | _ ~ | City & State DEERFIELD BENCH FL | | 4. FEI Number 65-0681605 | <u> </u> | pplied For ot Applicable | 7 | |
| 3344 | Country | Zip 37442 | Country U(A | 5. Certificate of Status Desired | | .75 Ad Require | | 1 |
| - | 6. Name and Address of Current R | legistered Agent | Name | 7. Name and Address of New Regis | tered Age | nt · · · · | <u> </u> | - |
| LASNAUD, ALEXANDRE ESQ. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 6610 N UNVIERSITY STE 250 | | | | | | | | 1 |
| TAMARAC FL 33321 | | | City | FL Zi | | | Zip Code | |
| 8. The above | named entity submits this statement for | the purpose of changing its | registered office or registe | ered agent, or both, in the State of Florida. | | | | 1 |
| | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE | : Registered Agent signature require | ed when reinstating) | DATE | | | |
| Tax filing | oration is eligible to satisfy its Intangible requirement and elects to do so. | After MAY 1, 200 | !! FEE IS \$150.00 01 Fee will be \$550.00 le to Department of Sta | 10. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees | | | | |
| 11. | OFFICERS AND D | <u> </u> | 12. | ADDITIONS/CHANGES TO OFFICER | S AND DIF | ECTOR | S IN 11 |]_ |
| TITLE | P | ☐ Delete | TITLE | | | Change | Addition | CR2E034 (10/00) |
| NAME Street address | lasnaud, Jean B 793 vill'as portofino cir. | | NAME Street Address | | | | | 7 |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | | CITY-ST-ZIP | | | | | <u> </u> |
| TITLE NAME | V DELLY | ☐ Delete | TITLE | | | Change | Addition | 8 |
| STREET ADDRESS | Lasnaud, Nelly 793 Vilua Portofino Cir. | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | | CITY-ST-ZIP | | | | | |
| TITLE | | □ Delete | TITLE | | | Change | ☐ Addition | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | Change | Addition | |
| NAME | | | NAME CYPRET LORDEGO | | | | Í | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | ĺ | |
| 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. | | | | | | | | |

SIGNATURE

SNATURE AND TYPER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR