2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P96000057022** CBI CAPITAL HOLDINGS, INC. 04-27-2001 90356 036 ***150.00 Principal Place of Business Mailing Address C/O KINAM HOTEL C/O KINAM HOTEL 1378 NW 78 STREET 1378 NW 78 STREET MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0927825 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTLE, JOHN Street Address (P.O. Box Number is Not Acceptable) 963 N.E. 153 ST. NORTH MIAMI BEACH FL 33162 City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PD ☐ Delete TITLE ☐ Change Addition NAME **BUTEAU, RICHARD** NAME STREET ADDRESS STREET ADDRESS 1378 NW 78 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE ☐ Delete TITLE Change Addition NAME LITTLE, JOHN STREET ADDRESS STREET ADDRESS 1378 NW 78 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE ☐ Delete TITLE ☐ 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-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLS ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP

13. I hereby certify that the information supplied win this filing doe indicated on this report or supplemental report is true and accuracy. not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information age and that my signature shall have the same legal offect as if made under oath; that I am an officer or director age and that my signature shall have the same legal offect as if made under oath; that I am an officer or director age with report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee emp changed, or on an attachment with

SIGNATURE:

ICHARD BUTEAU APRIL doth JOO!