2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

1. Entity Name SATIVA, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90142 013 ***150.00

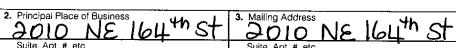
P96000072333 DOCUMENT #

Principal Place of Business 2009 N.E. 163RD ST N MIAMI BEACH FL 33162

Mailing Address 2009 NE 163RD ST

N MIAMI BEACH FL 33162

US





Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State. 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$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 PARISI, PETER P TER Street Address (P.O. Box Number is Not Acceptable) 2832 N.E. 21ST COURT F. LAUDERDALE FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ■ Addition PARISI, PETER P NAME NAME 2832 N.E. 21ST COURT STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIF 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 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

on 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 mental 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the informa indicated on this report or supp of the corporation or the receive changed, or on an attachment

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

City-St-ZIP

Delete

☐ Change

Addition

CR2E034 (10/02)