FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90355 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080395

1. Entity Name
TARGET ONE, INC.

Principal Place of Business	Mailing Address
241 SEVILLA AVENUE SUITE 805 CORAL GABLES FL 33134	241 SEVILLA AVENUE SUITE 805 CORAL GABLES FL 33134-6800

2. Principal Place of Business	3. Mailing Address
111 NE 1ST STREET	111 NE 1ST STREET
Suite, Apt #, etc.: SUITE 902	Suite, Apt #, etc.: SUITE 902
City & State: MIAMI, FLORIDA	City & State: MIAMI, FL
Zip: 33132 / Country: USA	Zip: 33132 / Country: USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0697600 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA CRUZ, LUIS F JR 241 SEVILLA AVENUE SUITE 805 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — 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 _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning). DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TARRAU, GABRIEL 241 SEVILLA AVENUE, SUITE 805 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TARRAU, GABRIEL 111 NE 1ST STREET, SUITE 902 MIAMI, FL 33133 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2EC034 (9/99)

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: _____ 04/30/01 (305) 371-4709
GABRIEL TARRAU, PRESIDENT — Date — Daytime Phone #