2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092854 May 12, 2000 8:00 am Secretary of State OLD WORLD FRENCH POLISHING, INC. 05-12-2000 90039 009 ***150.00 Principal Place of Business 485 W. DEARBORN STREET 485 W. DEARBORN STREET ENGLEWOOD FL 34223-3147 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address 241 TAMIAMI TR. S. BUS 41 241 TAKIAMI TR.S. BUS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0706771 VENICE VENICE FLPRIDA FLORIDA Not Applicable Country US \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSD ☐ Addition TITLE ☐ Delete P5 D VALOTTI, DIEGO VALOTTI DIEGO NAME NAME 477 WEST DEARBORN STREET 160 BROADWAY STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP ENGLEWOOD FL 34223 CITY-ST-7IP VTD Change ☐ Addition ☐ Delete TITLE TITLE BASETTI TIZIANA BASETTI, TIZIANA NAME NAME **477 WEST DEARBORN STREET** 201 N. ELM ST. STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 lither like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR