FILED

Arnold R. Barbara - Director 04/24/2001

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 03, 2001 8:00 am Secretary of State DOCUMENT # **P97000006556** LITTLE RASCAL INTERNATIONAL, INC. 05-03-2001 90967 006 ***150.00 Principal Place of Business Mailing Address 8500 SW 8 STREET 8500 SW 8 STREET 546050 SUITE 204 SUITE 204 MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 65-0729595 Not Applicable Country Country \$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 BARBARA, MARIE R. BARBARA, ARNOLD R Street Address (P.O. Box Number is Not Acceptable) 8500 SW 8th Street, 8500 SW 8 STREET SUITE 204 Suite 204 MIAMILFL 33144 Zip Code City Miami the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The at submits this statement for Marie Barbara (NOTE: Registered Agent signature required when reinstating) Director/President game of registered agent and title FILE NOW!! FEE IS \$150.00 eligible to satisfy its Intangible 9. This corporation i 10. Election Campaign Financing \$5.00 May Be Tax filing requirer ent 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DDD TITLE Change Addition Delete TITLE BARBARA, ARNOLD R NAME BARBARA, E MARIE R. NAME 8500 SW 8 ST, STE 204 STREET ADDRESS STREET ADDRESS 8500 SW 8th Street, #204 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 Miami, FL 33144 ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ŤÍŤLE Change ⁻☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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 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 requirer of trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an effective min an address with the life like empowered.

SIGNING OFFICER OR DIRECTOR