2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2001 8:00 am DOCUMENT # P97000007835 Secretary of State 1. Entity Name ALACANT, INC. 03-28-2001 90217 014 ***150.00 Principal Place of Business Mailing Address 1925 BRICKELL AVE. 1925 BRICKELL AVE. D-206 D-206 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0756555 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BESU. ROGER Street Address (P.O. Box Number is Not Acceptable) 1925 BRICKELL AVE. D-206 **MIAMI FL 33129** Zip Code FL 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE GESU ROGER 1925 BRICKELL AVE. D-206 TITLE Delete NAME BESU. ROGER NAME STREET ADDRESS STREET ADDRESS 1925 BRICKEN AVE D06 MIAMI, +L CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33129** ☐ Delete TITLE **VPST** TITI F ASTRILLO CASREILLO, LAURA NAME NAME ROBER BESU, 1925 BRICKELL STREET ADDRESS C/O ROGER BESU, 1925 BRICKELL AVE., D-206 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33129** Delete TITLE TITLE **GUILLERAN, CASTRILLO** NAME NAME 40 R.Besu, 1925 BRICHEL A C/O ROGER BESO, 1925 BRICKEL AVE. STREET ADDRESS STREET ADDRESS Miami PlA. 33129. CITY-ST-ZIP CITY-ST-7IP MIAMI FL-33129 ~ ~ ☐ Delete TITLE ASSISTANT SECRETARY TITLE NAME OU ILLERMO CASTRILLO NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, Fla_33129. ☐ Addition TITI F Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 pent with an address, with all other like empowered. changed, or on an attach

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR