2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # P97000008101 OWL COMPUTERS, INC. 05-18-2000 90287 050 ***150.00 Principal Place of Business Mailing Address 606 W 81ST ST., #E-118 606 W 81ST ST., #E-118 HIALEAH FL 33014 HIALEAH FL 33014-4165 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0721730 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired ______ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARRUGIA, LUIS H Street Address (P.O. Box Number is Not Acceptable) 606 W 81ST ST., #E-118 HIALEAH FL 33014 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 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 11. OFFICERS AND DIRECTORS Change ☐ Addition DPST ☐ Delete TITLE TITLE FARRUGIA, LUIS H NAME NAME STREET ADDRESS STREET ADDRESS 606 W 81ST ST., #E-118 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE 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-7IP ☐ Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

SIGNATURE: MINTED NAME OF SIGNING OFFICER OR DIRECTOR

th all other like empowered.

changed, or on an attachment with

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 true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if