2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000013852 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** TDS GLOBAL CORP. 03-31-2000 90050 023 ***150.00 Mailing Address Principal Place of Business 1433 SANTA CRUZ AVENUE 1433 SANTA CRUZ AVENUE CORAL GABLES FL 33134-2257 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country 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 HERNANDEZ, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) GREENBERG, TRAURIE, PA 1221 BRICKELL AVE **MIAMI FL 33134** 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 DATE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Addition ☐ Change TITLE ☐ Delete HOLBROOK, GARY NAME STREET ADDRESS STREET ADDRESS 1433 SANTA CRUZ AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition VSTD ☐ Delete TITLE TITLE NAME HOLBROOK, MYRNA NAME STREET ADDRESS STREET ADDRESS 1433 SANTA CRUZ AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change Delete TITLE TITLE NAME 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 ☐ Addition ☐ Change ☐ 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 other like empowered.

/ an