CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am DOCUMENT # P97000032188 **Secretary of State** 1. Entity Name MARKET PLAZA, INC. 01-31-2001 90274 035 ***150.00 Principal Place of Business Mailing Address % TJM % TJM 201 S. BISCAYNE BLVD, 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 10540 NW 26 St. 10540 NW 26 St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE G-104 G-104 City & State Applied For City & State Miami, Florida 4. FEI Number 65-0752935 Not Applicable Miami. Zìp Country **\$8.75** Additional 5. Certificate of Status Desired USA Fee Required 33172 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131 Zio Code City 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE Addition PALENZONA, PATRIZIA PALENZONA, PATRIZIA NAME NAME 10540 NW 26 St. SUITE Cx-104 VIA PASSO DI BRIZIO 6/A STREET ADDRESS STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP 20148 MILANO, ITALY Change TITLE Addition TITLE ☐ Delete PALENZONA, ROMANO 10540 NW 26 St. Suite G-104 PALENZONA, ROMANO NAME NAME STREET ADDRESS VIA PASSO DI BRIZIO 6/A STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP 20148 MILANO, ITALY ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 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.

PATRIZIA PALENZONA

lenzona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: