2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am P97000032793 DOCUMENT # **Secretary of State** 1. Entity Name FIFTH THIRD COMPANY, INC. 03-07-2002 90021 030 ***150.00 Principal Place of Business Mailing Address 19333 COLLINS AVE 19333 COLLINS AVE #2510 #2510 MIAMI FL 33160 MIAMI FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0742487 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALD, EARL CPA 9700 S DIXIE HWY SUITE 900 MIAMI FL 33156 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01)☐ Change ☐ Addition TITLE Delete TITLE MEDVEDEV. MIKHAIL NAME NAME CR2E034 19333 COLLINS AVE STE 2408 STREET ADDRESS STREET ADDRESS SUNNY ISLES BCH FL 33160 CITY-ST-7IP CITY-ST-ZIP **Change** ☐ Addition TITLE ☐ Delete TITLE MEDVEDEV, ALEXANDER 19333 Collins Ave., STE 2408 MEDVEDEV. ALEXANDER NAME NAME 19333 COLLINS AVE STE 2408 STREET ADDRESS STREET ADDRESS Sunny Isles Bch, FL 33160 SUNNY ISLES BCH FL 33160 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change | Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE 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

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP