2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am Secretary of State **FILED** P97000052940 DOCUMENT # 1. Entity Name **GROUP II DEVELOPMENT CORPORATION** 05-14-2002 90471 001 *1.050.00 Principal Place of Business Mailing Address 8500 SW 8TH STREET 8500 SW 8TH STREET **SUITE 222 SUITE 222** MIAMI FL 33144 MIAM! FL 33144 US US 2. Principal Place of Business 3. Mailing Address 10101 ALK 58 IOI DI MU Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number PL 331 78 65-0762284 Miami Miami Not Applicable \$8.75 Additional 5. Certificate of Status Desired 181 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent derrama VALDERRAMA, CARLOS A 8500 SW 8TH STREET SUITE 222 **MIAMI FL 33144** 8. The above named entity submits this additionant for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed 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, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition Carlos A. Valderrama NAME VALDERRAMA, CARLOS A NAME 10101 HW 58 St. +16 8500 SW 8TH STREET, SUITE 222 STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP Micomi 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-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

SIGNATURE:

changed, or on an attachment with an

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