2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P97000055346 FERRO DEVELOPMENT CORP. 03-12-2001 90012 029 ***150.00 Mailing Address Principal Place of Business 9921 W OKEECHOBEE RD 9951 W OKEECHOBEE RD C0032672 126 HIALEAH FL 33016 HIALEAH FL 33016 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0776263 Not Applicable Zip Country \$8.75 Additional 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 Name FERRO, MARIO Street Address (P.O. Box Number is Not Acceptable) 9921 W. OKEECHOBEE RD HIALEAH GARDENS FL 33016 Zip Code City the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits statement for (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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. ☐ Change TITLE TITLE ☐ Delete FERRO, MARIO C NAME NAME STREET ADDRESS STREET ADDRESS 9921 W OCKEECHOBEE ROAD #126-A CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Change ☐ Addition ☐ Delete TITLE TITLE FERRO, MARIO JR NAME NAME STREET ADDRESS 9921 W OCKEECHOBEE ROAD #126-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change . Delete TITLE 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-ZIP Change ☐ Addition ☐ 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 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 reports 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #