2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 27, 2002 8:00 am Secretary of State P97000074832 **DOCUMENT #** 1. Entity Name ADMIRAL INT'L CORP. 05-27-2002 90359 011 ***150.00 Principal Place of Business Mailing Address 2851 NE 183 ST. 2851 NE. 183RD ST #307 E SUITE 707E MIAMI FL 33160 **AVENTURA FL 33360** US 2. Principal Place of Business 1500 SE 3nd Count #111 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1108422 Not Applicable 250U1 Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Sward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name TAMBURY, JANICE C Street Address (P.O. Box Number is Not Acceptable) 5101 N.W. 21ST AVENUE **SUITE 141** FT LAUDERDALE FL 33309 City Zip Code 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 , 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 Tax filing requirement and elects to do so. \$5.00 May Be 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 TIT! F ☐ Change ☐ Addition TAMBURY, JANICE C. NAME NAME 2851 NE 183RD ST, SUITE 707E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33360** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAMBURY, FABIANO C. NAME NAME STREET ADDRESS 2851 NE 183 ST, SUITE 707E STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33160** CITY-ST-ZIP ☐ 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-ZIF CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered

Daytime Phone #