2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P970000 77634 1. Entity Name THE FITON CORPORATION FILED 00 JUL 11 PM 12: 07 Mailing Address Principal Place of Business Z400 EAST LAS OLAS BLVD. ZZ3 S. FEDERAL HWY. SECRETARY OF STATE SUITE 133 FT. LAUDER OALE, FL 33301 .TALLAHASSEE F.T. LAUDERDALE, FL 33301 2. Principal Place of Business 3. Malling Address ZZ3 SOUTH FEOERAL HWY. ZZ3 SOUTH FEDERAL HWY. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State FT. LAUDER,DALE FT. LAVDERDALE 65-0838787 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33301 FLORIDA 33301 FLORIDA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Net Acceptable) ROBLES, RODOLFO 2409 ÉA'ST LAS OLAS BLVD. FORT LAUDERDALE, FL 33301 City Zip Code 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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1 2000 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. CR2E034 (9/99) Change Addition TITLE ROBLES, LESBOR ANTONIO NAME NAME 6556 N.W. 87TH AVE. STREET ADDRESS STREET ADDRESS PARKLAND, FL 33067 CITY-ST-ZP CTTY-ST-20P Chang Addition ☐ Delete TITLE TITLE ROBLES, RODOLFO E NAME NAME 2409 EAST LAS OLAS BLVD. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-7IP CITY-S7-ZIP IIILE" Change 1 Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE **D**Qelate NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 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 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 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 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 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 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 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 true and accurate and that my signature shall have the same legal effect as if further than the information of the corporation or the receiver or true and accurate and that my signature shall have the same legal effect as if further than the information of the corporation or the receiver or true and accurate and the same legal effect as if further than the information of the corporation or the same legal effect as if further than the information of the corporati 954-523-1100 LESBOR ANTONIO ROBLES SIGNATURE:



Service Representative Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Uniform Business Report

Dear Madame or Sir:

As per our telephone conversation on 06/14/2000, I explained to you that we did not receive our Year 2000 Profit Corporation Annual Report / 2000 Uniform Business Report. Our mailing address changed and our mail was not forwarded to us despite the fact that we did make arrangements to have it forwarded. Enclosed is last year's form showing that we did in fact change our principal place of business. However, we failed to change our mailing address with you as well.

Enclosed, we are providing you with a filled out Year 2000 Uniform Business Report (UBR) and with Check #1553 for \$150.00. Please make all changes to reflect that our principal place of business and our mailing address is now 223 South Federal Highway, Fort Lauderdale, Florida 33301.

Should you have any further questions or concerns, please contact us at the above address immediately. Thank you.

Sincerely,

THE FITON CORPORATION

L. Antonio Robles Vice President

cc: Department of State Correspondence File