FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am P97000077634 DOCUMENT # Secretary of State 1. Entity Name THE FITON CORPORATION 01-14-2002 90045 030 ***150.00 Principal Place of Business Mailing Address 223 SOUTH FEDERAL HWY 223 SOUTH FEDERAL HWY FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0838787 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent RODOLFO ROBLES, RODOLEO 2409 EAST LAS OLAS BLVD SOUTH FORT LAUDERDALE FL 33301 Zip Code 33301-1938 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 After May 1, 2002 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 11. 12. CR2E034 (9/01) TITLE TITLE ☐ Addition ☐ Defete ROBLES, L. ANTONIO 223 SOUTH FEDERAL HWY. ROBLES, LESBOR ANTONIO NAME NAME 6556 NW 87TH AVE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33301- 1938 PARKLAND FL 33067 CITY-ST-ZIP CITY-ST-ZIP TITLE ROBLES, RODOLFO E. TITLE ☐ Delete ROBLES, RODOLFO E NAME NAME 223 SOUTH FEBERAL HWY. 2409 EAST LAS OLAS BLVD STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 FT. LAUDERDALE, FL 33301-1938 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the receiver

13. Thereby 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

SIGNATURE: 🚄