2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State P97000085496 DOCUMENT # 1. Entity Name 04-24-2002 90481 001 ***150.00 CUDA ENTERPRISES, INC. 04-24-2002 90481 002 *****8.75 Mailing Address Principal Place of Business 15200 S.W. 232ND STREET 15200 S.W. 232ND STREET MIAM! FL 33170 MIAMI FL 33170 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0689715 Not Applicable \$8.75 Additional Country _ Country Zip_..._. Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURPHY, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 4770 BISCAYNE BLVD STE 960 **MIAMI FL 33137** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE □ Delete TITLE NAME BRANTLEY, WILLIAM NAME STREET ADDRESS 15200 SW 232 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33170** CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME BRANTLEY, AURORA STREET ADDRESS 15200 SW 232 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33170** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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-7IP 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED

FILED