2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000087820 May 24, 2000 8:00 am Secretary of State PUNTANA TRADING CORP. 05-24-2000 90176 042 ***150.00 Mailing Address Principal Place of Business 3000 UNIVERSITY DR STE E 3000 UNIVERSITY OR STE E CORAL SPRINGS FL 33065-5048 CORAL SPRINGS FL 33065 091731 Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0790277 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent 491 FERRARI, JUAN 3000 N UNIVERSITY DR STE E CORAL SPRINGS FL 33065 Zio Code **3306**人 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12, 11. ☐ Addition TITLE ☐ Delete President TITLE NAME FERRARI, JUAN sample Road STREET ADDRESS STREET ADDRESS 3000 UNIVERSITY DR STE E CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete TITLE. NAME **BONTNICK, BERNARD** NAME mple Road Suite ros STREET ADDRESS STREET ADDRESS 3000 N UNIVERSITY DR., STE E CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ 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 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE 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 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF