2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 09, 2000 8:00 am Secretary of State DOCUMENT # **P97000093045** 1. Entity Name VAMA HOLDING CORP. 05-09-2000 90025 029 ***158.75 Mailing Address Principal Place of Business 6261 NW 6TH WAY E NW 6TH WAY SUITE 207 SUITE 207 FT LAUDERDALE FL 33309-6103 T LAUDERDALE FL 33309 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 65-0803782 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUTH FLORIDA REGISTERED AGENTS INC Street Address (P.O. Box Number is Not Acceptable) 200 E LAS OLAS BLVD STE 1900 FT LAUDERDALE FL 33301 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 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, 2000 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 12. 11. Change ☐ Addition **Delete** TITLE TITLE AQUILILLA, DOUGLASS K NAME NAME STREET ADDRESS STREET ADDRESS 6261 NW 6TH WAY, #207 CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33309 Change Addition Delete TITLE DITLE VALLEJO, ERIC M NAME STREET ADDRESS STREET ADDRESS 6261 NW 6TH WAY, #207 CITY-ST-ZIP CITY-ST-7IP FDT LAUDERDALE FL 33309 _ 🔲 Addition Delete THEE MARTIN, BRENTLEY C NAME NAME STREET ADDRESS 6261 NW 6TH WAY, #207 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F 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-ZIE ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all pher like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. MARTIN PRES. 4/25/00

0 (954) 776 ·6//F