2002 UNIFORM BUSINESS REPORT (UBR)

Jul 15, 2002 8:00 am Secretary of State P97000105442 DOCUMENT # 05-28-2002 91785 005 ***150.00 1. Entity Name LUSEPI CORPORATION Principal Place of Business Mailing Address 4131 VENTURA AVE 4131 VENTURA AVE 97247 MIAM! FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREITAS, FILIPE Street Address (P.O. Box Number is Not Acceptable) 4131 VENTURA AVE MIAMI FL 33133 City Zip Code FL 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 reinstaling) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 \Box 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 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE CR2E034 (9/01) FREITAS, FILIPE NAME NAME 4131 VENTURA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-\$1-ZIP TITLE Delete TITLE ☐ Addition ☐ Change FREITAS, GONCALO NAME NAME STREET ADDRESS 4131 VENTURA AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP DIRECTOR -TITLE Delete ☐ Change Addition FORMA_DE FREITAS NAMÉ NAMÉ PRESIDENT 4131 VENTURA AVE STREET ADDRESS STREET ADDRESS SECRE TAPY CITY-ST-ZIP MIAMI FC-33/33 CITY-ST-ZIP Delete TITLE TITE F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/8 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

SIGNATURE:

JFRF.

FILED