2001 UNIFORM BUSINESS REPORT (UBR) FILED Jul 31, 2001 8:00 am DOCUMENT # 寸 **Secretary of State** Robotec USA. Inc. 07-31-2001 90005 043 ***550.00 Mailing Address Principal Place of Business 2. Principal Place of Business 3. Mailing Address 4405 NW 73 Ave 4405 NW 73 AR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 722-125 722-125 City & State 4. FEI Number Applied For City & State Miami, FL 65-0910280 Not Applicable Miani Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required USA 33166 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Joine Coicedo JAIME CAICEDO Street Address (P.O. Box Number is Not Acceptable) 4405 NW 73 Ave 4405 NW 73 AVR suite 722-25 Suite 722-125 Hiami, FL 33166 Zip Code 3316ん 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 _ (NOTE: Registered Agent aignature requires when reinstating) Signature, typed or printed namefoling stored 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, 2001 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 Adricia Coicedo Addition President ☐ Change TITLE TITLE Delete U.P. NAME MANE Antonio de Mendoza STREET ADDRESS 4405 NW 73 Lue Suite 722-125 STREET ADDRESS 4405 NW 73 Ave Sule 722-125 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33166 Miami, FL 33/66 TITLE Change ☐ Addition TITLE Delete NAME Saine Coicedo STREET ADDRESS STREET ADDRESS 4405 NW 73 Ave Suite 722-125 CITY-ST-ZIP CITY-ST-ZIP am FC 33166 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P = CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete 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 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 this 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 other like empowered. Joine Coicedo SIGNATURE: .. E AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIPECTOR