2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P98000014564 508 MUTINY VENTURES, INC. 02-03-2001 90283 010 ***150.00 Principal Place of Business Mailing Address C/O PENINSULA REGISTERED AGENTS. INC. C/O PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD SUITE 4874 200 S BISCAYNE BLVD SUITE 4874 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0817926 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD **SUITE 4874 MIAMI FL 33131** Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE NAME DE LOS REYES, GUSTAVO NAME STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD STE 4874 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33131 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete 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 ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director kecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental eport is of the corporation or the receiver or trustee emochanged, or on an attachment with an address