2000 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # P98000024725 1. Entity Name VIRTUAL FAIR, INC. 04-21-2000 90140 015 ***150.00 Principal Place of Business Mailing Address 2110 ARTESIA BLVD 2110 ARTESIA BLVD STE B-134 STE B-134 REDONDO BEACH CA 90278-3014 REDONDO BEACH CA 90278 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite Apt # etc. City & State Applied For City & State 4. FEI Number 58-2462286 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLORIDA INCORPORATORS, INC. Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE. STE 900 **MIAMI FL 33131** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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. ☐ Addition ☐ Delete TITLE NAME NAME CUERVO, SUSAN M STREET ADDRESS STREET ADDRESS 2110 ARTESIA BLVD STE B134 CITY-ST-ZIP CITY-ST-ZIP REDONDO BEACH CA 90278 **b\-D**isplay(2)get_2 at a____ ☐ Change 🔀 Addition ☐ Delete TITLE TITLE DENKATHIEEN COTTER D.C. NAME NAME STREET ADDRESS STREET ADDRESS Redondo Benel, CA 90278 CITY-ST-ZIP CITY-ST-ZIP Te/Chorace of Danie - Change Addition --- Delete TITLE TITLE MANUEL CLERVO NAME NAME 2110 Artesia Blud , Ste 8134 STREET ADDRESS STREET ADDRESS undo Beach, CA 90278 CITY-ST-7IP CITY-ST-ZIP Addition Addition ☐ Delete TITLE NAME IAW COT NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEGAN M. CLIERTO 4.9-00 310-372-5841