FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State

| DOCUMENT # " | | | 7 05-16-2002 90061 003 ***150.00 | | | | | | |
|--|--|---|--|----------------------------|---|--------------------------------------|--------------------------|--|--------|
| DOCUMENT # 1. Entity Name POOCO | | | | _ 100.00 | | | | | |
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| ARMANDO A. DE | FERIA, MID | PA | | | | | | | |
| ARMANDO A DE FERÍA, MD, PA | | | , | | | | | | |
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| DO NOT WRITE | IN THIS SPA | CE | | | | | | | |
| 2. Principal Place of Business | 3. Mailing Address | | | • | | | | | |
| 13087 MAJESTICWAY | 13087 MASE | STIC WAY | | | | | | | |
| Suite, Apt. #. etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPA | ACE | | | | | |
| COOPER CITY, FL | COOKER CITY | | 4. FEI Number. | Applied For | | | | | |
| | | | 4. FEI Number 819159 | Not Applicable | | | | | |
| 33330 BROWARD | | ROWARD | | 3.75 Additional e Required | | | | | |
| The second of th | | | Name and Address of Current Registered A | | | | | | |
| DO NOT WRITE IN THIS SPACE | | Name BA | BARBARA DE HERIA | | | | | | |
| | | Street Address (P.O. Brax Number is Not Acceptable) TO WAY | | | | | | | |
| | | | | | . The above named entity submits this statement for | the purpose of changing its register | | | *33330 |
| | | | | | y amount of a south of the form | the barbose or changing its registe | ared onice or registered | agent, or both, in the State of Florida. | |
| IGNATURE | | | | | | | | | |
| | | red Agent signature required who | en reinstating) DATF | | | | | | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. | January 1 - May 1 I After May 1, Fee | is \$550.00 | 10. Election Campaign Financing | \$5.00 May Be | | | | | |
| (See criteria on back) | Amended UBR Make Check Payable to I | is \$61.25 Department of State | Trust Fund Contribution | Added to Fees | | | | | |
| 1. OFFICERS AND D | | | | | | | | | |
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| TY-ST-ZIP COOPER CIM, F | · · · · · · · · · · · · · · · · · · · | Y-ST-ZIP | | CR2E034B (12/01) | | | | | |
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| EET ADDRESS 7- ST-ZIP E E EET ADDRESS -ST-ZIP I hereby certify that the information supplied with this indicated on this report or supplemental report is tru of the corporation or the receiver or furstee empower attachment with an address, with all other like empowers. GNATURE: | NAM STRE CITY FILL NAM STRE CITY FILL NAM STRE CITY CITY Stiling does not qualify for the exer | E EET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP Inption stated in Section ure shall have the same ured by Chapter 607, Fi | IN THIS SPACE | at the information | | | | | |