FILED Mar 25, 2002 8:00 am 2002 Uniform Business Report (UBR) DOCUMENT # P98000027578 **Secretary of State** 1. Entity Name 03-25-2002 90138 025 ***150.00 MUTINY UNITS, INC. Principal Place of Business Mailing Address 1570 MADRUGA AVENUE 1570 MADRUGA AVENUE SUITE 200 SUITE 200 CORAL GABLES FL 33146 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address 1401 Brickell Ave 1401 Brickell Ave Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 530 Suite 530 City & State FL Applied For City & State 4. FEI Number Miami 65-0844963 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 13C/ 33 IS I NZU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent arasan PARAJON, LUIS Street Address (P.O. Box Number is Not Acceptable) 1570 MADRUGA AVE **STE 200** CORAL GABLES FL 33146 33131 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 reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE NAME PARAJON, LUIS NAME 1401 Brickell Ave, Suite 530 STREET ADDRESS STREET ADDRESS 1570 MADRUGA AVENUE SUITE 200 CITY-ST-7IP CITY-ST-7IP CORAL GABLES FL 33146 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR