2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P98000034066 1. Entity Name VERA MOTORS, CORP. 05-19-2002 90163 002 ***150.00 Principal Place of Business Mailing Address 7166 N.W. 6 CT. 7166 N.W. 6 CT. MIAMI FL 33150 MIAMI FL 33150 1 (1814) 18 (1814) 18 (1814) 18 (1814) 18 (1814) 18 (1814) 18 (1814) 18 (1814) 18 (1814) 18 (1814) 18 (1814) 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0829508 Zip Not Applicable Country Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name VERA, RODRIGO 6341 SEDGEWYCK CIRCLE W. Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33331** 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 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete ROURIGUEZ EUIS A TITLE NAME (9/01) ☐ Change Addition NAME 3301 9.W. 184 AVE. STREET ADDRESS STREET ADDRESS MIRAMAR FL 3302 CITY-ST-ZIP CR2E034 CITY-ST-ZIP TITLE vpsb. ☐ Delete P3 0 TITLE NAME VERA, RODRIGO Change VERA, RODRIGO ☐ Addition NAME 6341 SEDBEWYCK CIRCLE W. STREET ADDRESS 6341-8EDGEWYCK CIRCLE W. STREET ADDRESS CITY-ST-ZIP DAVIE FL 33331 CITY-ST-ZIP DAVIE 3 33 31 TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete____ TITLE NAME Addition. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like emporered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(305) 836-1082