2001 UNIFORM BUSINESS REPORT (UBR)

May 24, 2001 8:00 am Secretary of State DOCUMENT # P98000045075 05-24-2001 90494 012 ***150.00 TANYA VILLAR ASSOCIATES, INC. Mailing Address Principal Place of Business 701 SE 7 AVE 701 SE 7 AVE POMPANO BEACH FL 3306) POMPANO BEACH FL 33060 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0856538 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VILLAR, TANYA Street Address (P.O. Box Number is Not Acceptable) 1820 SE 7 ST. POMPANO BEACH FL 33060 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 FILE NOW FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payat le to Department of State (See criteria on back) \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Addition Change TITLE ☐ Delete TITLE VILLAR, TANYA M NAME NAME STREET ADDRESS STREET ADDRESS 1820 SE 7 ST. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TIT! F 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 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify to 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 in y 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:

CITY-ST-ZIP

CITY-ST-ZIP