From: christophe giovannetti To: 0140170979 Fax#0 —————————— Date: 21/06/0

JUN-20-2001 15:59 MINTMIRE & ASSOCIATES

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

05-03-2001 91155 043 ***150.00

50132

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000052982

1. Entity Name

BILLYWEB CORP.

OK

Principal Place of Business	Mailing Address
222 LAKEVIEW AVE STE 160-217 WEST PALM BEACH FL 33401	265 SUNRISE AVE STE 204 PLAM BEACH FL 33480

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0867538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MINTMIRE, DONALD F 265 SUNRISE AVE, STE 204 PALM BEACH FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RR DEVAES, RENE A JR XXX 222 LAKEVIEW AVE #160-217 WEST PALM BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frederic Richard 222 Lakeview Avenue, Suite 160-217 West Palm Beach, FL 33401 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDXX BONNIER, JOHANNA XX 222 LAKEVIEW AVE #160-217 XX WEST PALM BEACH FL XXXX ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Alberto Afonso 222 Lakeview Avenue, Suite 160-217 West Palm Beach, FL 33401 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Donald F. Mintmire Counsel 4/16/01 (561) 832-5696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)

TOTAL P.02