2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P98000068687 1. Entity Name SCORPIO MANAGEMENT, INC. 04-05-2001 90048 001 ***150.00 Mailing Address Principal Place of Business 429 ROVINO AVE 429 ROVINO AVE CORAL GABLES FL 33156 CORAL GABLES FL 33156 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0855486 City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KATSMAN, MARK ESQ Street Address (P.O. Box Number is Not Acceptable) 5 ISLAND AVE #15D MIAMI BCH FL 33139 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable -----FILE-NOW!!!-FEE-IS-\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition Change DPVT ☐ Delete TITLE TITLE ISSAKOVITCH, LIOUDMILA NAME NAME STREET ADDRESS **429 ROVINO AVENUE** STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33156** CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE ISSAKOVITCH, LIOUDMILA NAME NAME STREET ADDRESS **429 ROVINO AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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, with all other like empowered.

GNATURE: LE OLDALILA ISSAKOVIFCH - X DESCO 3/17/200/ 305/663-664