2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am Secretary of State DOCUMENT # P98000069958 1, Entity Name VICIGRAG USA, INC. 05-07-2001 90044 040 ***150.00 Principal Place of Business Mailing Address 3901 TITELIST COURT 3901 TITELIST COURT H0049366 ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address 4827 Normondy Place 4827 Normand Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3548826 orido rlando Florida Orlando Not Applicable Zips Country \$8.75 Additional 5. Certificate of Status Desired 32711 U-5'A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VICIOSO, YARROW J Box Number is Not Acceptable 3901 TITELIST COURT 2324 ORLANDO FL 32839 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 Ģ. gent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TA Change TITLE ☐ Delete TITLE NAME NAME VICIOSO, YARROW J STREET ADDRESS STREET ADDRESS 3901 TITELIST COURT, #2324 Orlando CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 Addition TITLE ☐ Defete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE

I hereby certify that the information supplied with this filling 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.

NAME

TITLE NAME

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TITLE

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SIGNATURE AND TYPED OR PRINTED NAME OF

☐ Change

Change

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