2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P98000098799 V. P. R. TWO, INC. 03-12-2001 90018 008 ***150.00 Principal Place of Business Mailing Address 2299 S.W. 37TH AVENUE, 4TH FLOOR 2299 S.W. 37TH AVENUE, 4TH FLOOR MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0911002 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YIP, TONY Street Address (P.O. Box Number is Not Acceptable) 2299 S.W. 37TH AVENUE, 4TH FLOOR 1 **MIAMI FL 33145** Zip Code FI 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) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete ☐ Change PEREZ RECAO, VINCENTE NAME OFICINA 6-1. LOS PALOS GRANDES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARACAS, VENEZUELA 1060 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition PEREZ RECAO, ODETTE NAME NAME STREET ADDRESS OFICINA 6-1. LOS PALOS GRANDES STREET ADDRESS CITY-ST-ZIP CARACAS, VENEZUELA 1060 CITY-ST-ZIP ☐ Change ☐ Addition Delete____ TITLE TITLE PEREZ RECAO, ISAAC NAME NAME STREET ADDRESS OFICINA 6-1. LOS PALOS GRANDES STREET ADDRESS CITY-ST-ZIP CARACAS, VENEZUELA 1060 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE □ 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 CITY-ST-ZIP n supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nental report is rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address, with all other like empowered. I hereby certify that the information indicated on this report or supple of the corporation or the receiver changed, or on an attachment w Vicente Perez 2-11-01 305 443 2508 SIGNATURE: AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date SIGNATUR