2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 12, 2001 8:00 am Secretary of State DOCUMENT # **P98000098801** 1. Entity Name V. P. R. THREE, INC. 03-12-2001 90018 009 ***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 4. FEI Number City & State 65-0911005 Not Applicable Country \$8.75 Additional Zip Country 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 MIAMI FL 33145 Zip Code FL 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete ☐ Change TITLE PD NAME NAME PEREZ RECAO, VICENTE STREET ADDRESS OFICINA 6-1, LOS PALOS GRANDES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA 1060 TITLE ☐ Delete TITLE Change Addition NAME NAME PEREZ RECAO, ODETTE STREET ADDRESS STREET ADDRESS OFICINA 6-1, LOS PALOS GRANDES CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA 1060 ☐ Addition TITLE Change □ Delete TITLE SD NAME NAME PEREZ RECAO, ISAAC STREET ADDRESS STREET ADDRESS OFICINA 6-1, LOS PALOS GRANDES CITY-ST-ZIP CITY-ST-7IP CARACAS, VENEZUELA 1060 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ental 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 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 an address, with all other like empowered. 13. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver of changed, or on an attachment with

Vicente Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2-11-01

Date

443 2508

Daytime Phone #