2000 UNIFORM BUSINESS REPORT (UBR) 06-27-2000 90003 037 ***150.00 DOCUMENT # P9900006734 FILED KAjAVA Holdings JUL 17 AN 9:37 Principal Place of Business Mailing Address SECRETARY OF STATE 7525 SW 844 CA TALL'AHASSEE FLORIDA Ame 2. Principal Place of Business 3. Mailing Address SAMO SAML Suite, Apt/#, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For L City & State 4. FEI Number City & State Applied Not Applicable MIAMI, Honda Country \$8.75 Additional 5. Certificate of Status Desired SAME 5Ame Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANA VAZQUEZ-AldANA: -GAMe .. Street Address (P.O. Box Number is Not Acceptable) MIAMI, Planda 33143 SAMe 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 FILE NOW!!! FEE IS \$150.00 B.-This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1 2000 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition CR2E034 (9/99 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2VP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME - . -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition Oefete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 12 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

HING OFFICER OR DIRECTOR

July 12, 2000

State of Florida **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

> RE: KAJAVA HOLDINGS, INC. Document No: P99000006734

Gentlemen:

I am in receipt of your letter requesting that I pay the additional fee of \$400.00 in order to keep my corporation active. As I explained in my previous letter, I did not receive the forms until I requested them for filing. In fact, I just received your printed form today. Therefore, I urgently ask that you waive the \$400 late fee. Otherwise, I have no choice but request that you do not file the report and return the \$150.00 regular fee, as I cannot afford to pay the late fee at this time.

I would appreciate your consideration in waiving the late fee. Please advise as soon as possible. Thank you.

Sincerely,

Ana Vazquez-Aldana