2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State P99000019962 DOCUMENT # 1. Entity Name 05-15-2002 90010 044 ***150.00 CLOUDS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 1060 SW 46 AVE 308 1060 SW 46 AVE 308 POMPANO BEACH FL 33069-0994 POMPANO BEACH FL 33069-0994 2. Principal Place of Business 3. Mailing Address 1060 6W, 46 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 308 City & State City & State Applied For 4. FEI Number Beach 65-0900851 tompano Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAPPORT, STEPHEN R. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE **SUITE 711 CORAL GABLES FL 33134** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its:Intangible. --- FILE NOW!!! FEE IS \$150.00. 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition ROMANO, MIGUEL R NAME NAME 1040 SW 46 AVE # 201 1005 Cypress Drive STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069-0994 CITY-ST-ZIP CITY-ST-ZIP. Hompand' Beach, TITÎF ☐ Delete TITLE Change ☐ Addition NAME 1 ROMANO, CARMEN B NAME STREET ADDRESS 1040 SW 46TH AVE # 201 1060 Sw, 46 Ave. # 308 Pompano Beach, FL 33069 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069-0994 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change . 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR