2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000023814 CB INTERNATIONAL PROCUREMENT, INC. 04-24-2001 90294 045 ***150.00 Principal Place of Business Mailing Address 14901 S.W. 80TH STREET. #105 14901 S.W. 80TH STREET. #105 MIAMI FL 33193 MIAMI FL 33193 UUU51756 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0904895 City & State 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 RUBIO, OSCAR E Street Address (P.O. Box Number is Not Acceptable) . - . 14901 SW 80TH STREET # 105 **MIAMI FL 33193** Zip Code 8. The above named philix submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PD TITLE ☐ Delete TITLE RUBIO, OSCAR E NAME NAME STREET ADDRESS 14901 S.W. 80TH STREET, #105 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-7IP □ Channe ☐ Addition **VPTD** ☐ Delete TITI F BARAHONA, CLEMENTE NAME NAME STREET ADDRESS 14901 S.W. 80TH STREET, #105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Addition Change SD ☐ Delete TITLE TITLE NAME BARAHONA, CAROLINA NAME STREET ADDRESS STREET ADDRESS 14901 S.W. 80TH STREET, #105 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33193 -F Addition - Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 of 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 trespect disposed 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.

SIGNATURE:

SCOC VI OSCAR E. RUBIO

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205) 386 - 7867

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Daytime Phone #