FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 03, 2002 8:00 am Secretary of State P99000023814 DOCUMENT # 1. Entity Name 09-03-2002 90116 022 ***550.00 CB INTERNATIONAL PROCUREMENT, INC. Principal Place of Business Mailing Address 14901 S.W. 80TH STREET, #105 14901 S.W. 80TH STREET, #105 MIAMI FL 33193 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0904895 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBIO, OSCAR E Street Address (P.O. Box Number is Not Acceptable) 14901 SW 80TH STREET # 105 **MIAMI FL 33193** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD ☐ Delete TITI F Change Addition NAME RUBIO, OSCAR E NAME STREET ADDRESS 14901 S.W. 80TH STREET, #105 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-7/P TITLE **VPTD** ☐ Delete TITLE Change Addition BARAHONA, CLEMENTE NAME NAME STREET ADDRESS 14901 S.W. 80TH STREET, #105 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition BARAHONA, CAROLINA NAME STREET ADDRESS 14901 S.W. 80TH STREET, #105 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 heport 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 11 or Block 12 if changed, or on an attactiment with an address, with all other like empowered.

SIGNATURE:

UPEDSCAPIE: ICUBIO

(305) 775 6859