2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P99000031178 1. Entity Name PALMA CH CORP. 04-17-2001 90173 046 ***158.75 Principal Place of Business Mailing Address 15165 NW 77 AVENUE SUITE 1002 15165 NW 77 AVENUE SUITE 1002 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address 15165 N.W. 77 AUE. 77 Ave 15165 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2002 2002 City & State Applied For City & State 4. FEI Number 65-09 15057 MiAMI-MiAMi -Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33014 33014 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARIOS HERRERA MIAMI CORPORATE SYSTEMS, INC. Street Address (P.O. Box Number is Not Acceptable) 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126 15165 N.W. 77 Ave 8. The above named early summits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESIDENT Change Addition TITLE ☐ Delete TITLE CARLOS HERRERA JR. NAME PANDO, DOMINGO NAME 15765 N.W. 77 AVE STREET ADDRESS STREFT ADDRESS 15165 NW 77 AVENUE SUITE 1002 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE **Delete** TITLE ☐ Change ☐ Addition RASCO, RAMON E ESQ NAME NAME STREET ADDRESS STREET ADDRESS 5200 BLUE LAGOON DRIVE SUITE 700 CITY ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE ☐ Delete Change ☐ Addition NAME 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-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.