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2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 04, 2002 8:00 am P99000033878 DOCUMENT # **Secretary of State** 1. Entity Name EASTER ISLAND CORPORATION 02-04-2002 90182 020 ***158.76 Principal Place of Business Mailing Address 121 SE 1 STREET 121 SE 1 STREET STE 614 **STE 614** MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business UGST 163 PL NW 430 SW DO NOT WRITE IN THIS SPACE Çity & Ştatş Applied For 4. FEI Number 65-0911392 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORENZO E. PAHAL; FARHAT · 121 CE 1 STREET STE-614 --**MIAMLEL 33131** 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. SOTO, LORENZO E-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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (10/6) PS TP TITLE Delete TITLE ☐ Addition SOTO, LORENZO E NAME NAME SOTO, LORENZO_E. 121 SE 1 STREET # 614 CR2E034 STREET ADDRESS STREET ADDRESS 1630 Sw 163 PC Miami, FL 3 **MIAMI FL 33131** CITY-ST-ZIP CITY-ST-ZIP **X** Delete TITLE TITLE V D ☐ Addition RAHAL, ELDER FARHAT RAHAL, ELDER NAME NAME 121 SE 1 STREET # 614 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33131 CITY-ST-7/P 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-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAMÉ 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.

PHOURISON, WRENZUE-