2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State **DOCUMENT #** P99000036060 1. Entity Name 05-06-2002 90158 027 ***150.00 TITIRITERO DESIGN, CORP. Mailing Address Principal Place of Business 407 LINCOLN ROAD 407 LINCOLN ROAD SUITE 5-B SUITE 5-B MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 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 City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country Ζip 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRITO, LUIS G Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD SUITE 5-B MIAMI BEACH FL 33139 City Zip Code Fl 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** DATE 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE BENOIT, ALAIN NAME NAME 7601 E. TREASURE DR. P2-18 STREET ADDRESS STREET ADDRESS NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change **VPD** TITLE NAME CRUZ, SHERLA NAME STREET ADDRESS 7601 E. TREASURE DR. P2-18 STREET ADDRESS NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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-7IP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CLAUTE AND TYPED OF PRATED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Alain Benoit 4/22/02 (305) 868-1457

☐ Change

☐ Addition

FILED