2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P9900036768 AGLA HOLDINGS, INC. 04-30-2001 90347 039 ***150.00 Principal Place of Business Mailing Address 10641 NW 54TH STREET 10641 NW 54TH STREET MIAMI FL 33178 MIAMI FL 33178 00043081 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 61-0917646 Not Applicable Zip Country 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 MARIA RUTH LOUZA FREITAS, JOSE ROBERTO Street Address (P.O. Box Number is Not Acceptable) 10641 NW 54 STREET 10641 NW 54TH STREET MIAMI FL 33178 City MIAMI Zip **33178** 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, 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 Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PΩ CR2E034 (10/00 TITLE Change Addition TiTLE Delete FREITAS, JOSE ROBERTO NAME NAME STREET ADDRESS 10641 NW 54TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-7IP PD ☐ Delete TITLE Change Addition TITLE MARIA RUTH LOUZA LOUZA, MARIA R NAME 10641 NW 54 STREET STREET ADDRESS 10641 NW 54TH STREET STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-Z!P ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE 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.