2000 UNIFORM BUSINESS REPORT (UBR)

5/1 5/1

FILED
Jul 28, 2000 8:00 am
Secretary of State
05-19-2000 90030 025 ***150.00

DOCUMENT # P99000036937

1. Entity Name
STATUS EVENTUS, INC. R

Principal Place of Business	Mailing Address
~~1830 MERIDIAN AVE., #702 MIAMI BEACH FL 33139~~ 824 N.E 19th Terr Ft Lauderdale, fl 33309	~~1830 MERIDIAN AVE. #702 MIAMI BEACH FL 33139-1848~~ SAME
2. Principal Place of Business: 824 N.E. 19th Terr	3. Mailing Address: SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale,	City & State
Zip: 33304 — Country: Broward	Zip — Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650919716 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~VEGLIA, DAVIDE 1830 MERIDIAN AVE. #702 MIAMI BEACH FL 33139~~

7. Name and Address of New Registered Agent
Name: Ericka Fermin
Street Address (P.O. Box Number is Not Acceptable): 824 N.E. 19th Terr.
City: Ft Lauderdale FL Zip Code: 33304

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ericka Fermin 824 N.E. 19th Terr Ft Lauderdale, Fl 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vi-President Sabrina Montemerani 1642 SW 4 Ave #2 Ft Lauderdale, Fl 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: ____________________ 4-30-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #