2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000040608 May 15, 2000 8:00 am Secretary of State 1. Entity Name COMPUTER GENIUS, INC. 05-15-2000 90189 007 ***150.00 Mailing Address Principal Place of Business 7220 NW 36 STREET 7220 NW 36 STREET SUITE 510 SUITE 510 MIAMI FL 33166-6747 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0920769 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALLO, LUIS F Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36 STREET SUITE 510 **MIAMI FL 33166** Zip Code City 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 AGENT (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition **PSD** TITLE Delete TITLE GALLO, LUIS F NAME NAME STREET ADDRESS 7220 NW 36 STREET SUITE 510 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 Addition ☐ Change Delete TITLE TITLE BORETTINI, EVERARDO NAME NAME STREET ADDRESS STREET ADDRESS 7220 NW 36 STREET SUITE 510 CITY-ST-ZIP CITY-ST-ZIP Miami FL 33166 — 🗀 Change ☐ Addition ☐ Delete TITLE TITLE : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00 (305)513-0101

Daytime Phone