2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000040613 1. Entity Name UNITRANSFER HOLDINGS, INC. 05-04-2001 90025 045 ***150.00 Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE SUITE 705 601 BRICKELL KEY DRIVE SUITE 705 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State Applied For City & State APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BATA- 001 DE LA PENA. VILLANUEVA & BAJANDAS, LLP Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE SUITE 705 **MIAMI FL 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. Icardo Bayanda SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. saliba Jean Claude 5911 NE 2nd AVE PSD TITLE PD ☐ Delete BAJANDAS, RICARDO NAME NAME STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DR., SUITE 705 Ulanu, FL CITY-ST-ZIP CITY-ST-ZIP MIAM) FL 33131 ☐ Change Addition Addition TITLE □ Delete TITLE alandas Ricordo NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 PRINTED NAME OF SIGNING OFFICER OR DIRECT

27/01 (305) 3-77-0909