FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 19, 2002 8:00 am Secretary of State **DOCUMENT #** P99000043210 1. Entity Name ESPIGA ITALIA CORP. 06-19-2002 90460 004 ***150.00 Principal Place of Business Mailing Address 844 ALTON ROAD 844 ALTON ROAD SUITE- GROUND FLOOR SUITE- GROUND FLOOR MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 Principal Place of Business Mailing Address 62 Suite, Apt. #, etc Apt. #, etc DO NOT WRITE IN THIS SPACE & State City & State 4. FEI Number Applied For 65-0919478 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zip Code 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 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE **PSTD** ☐ Delete TITLE Addition NAME NAME 1874-MERIDIAN-AVENUE 1562 Alton Koad STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete TIT1 F TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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 impowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIE

□ Delete

Date

Daytime Phone #

☐ Change

Addition

Attachment 869848 # P99000043210

1562 Alton Road Miami Beach, FL 33139

June 13, 2002

Division of Corporations PO Box 1500 Tallahassee, FL 32302

EIN#:65-0919478

To Whom It May Concern:

Enclosed please find my UBR form and check for \$150.00 payable to Department of State.

We moved our offices a few months ago. Since than, we have been having problems receiving our mail. We recently received a package of old mail. In that package enclosed was our UBR form.

Please accept the receipt of this application although it was due on 5/1/02. If you have any questions, please feel free to contact me at 305-672-8476.

Sincerely