2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P99000048824 PRANA-LAB OF SOUTH FLORIDA, INC. 01-23-2001 90017 014 ***158.75 Principal Place of Business Mailing Address 2400 WEST 84TH STREET 2400 WEST 84TH STREET HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0923406 Not Applicable Zip Country Zip Country \$8,75 Additional 5.-Certificate of Status Desired-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BORJA, TANIA C Street Address (P.O. Box Number is Not Acceptable) 2400 WEST 84TH STREET HIALEAH FL 33016 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BORJA, ENRIQUE A NAME STREET ADDRESS 3451 S.W. 128TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 TITLE ☐ Delete TITLE Change ☐ Addition NAME FERNANDEZ, ENRIQUE NAME STREET ADDRESS 17067 S.W. 142ND PLACE -STREET ADDRESS CITY-ST-ZIP MI<u>AMI FL 33177</u> CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition BORJA, TANIA C NAME NAME STREET ADDRESS STREET ADDRESS 3451 S.W. 128TH AVE CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ING OFFICER OR DI