.. 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000056769 1. Entity Name ILIVIAN USA, INC. 04-24-2001 90062 004 ***150.00 Mailing Address Principal Place of Business 18671 COLLINS AVENUE 18671 COLLINS AVENUE **UNIT 1802** UNIT 1802 AVENTURA BEACH FL 33160 **AVENTURA BEACH FL 33160** 3. Mailing Address 2. Principal Place of Business 16300 NE 19TH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **ያ**ሪግቱ 234 Applied For City & State 4. FEI Number 65-0939545 VOLTH MIAMI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WASERSTEIN, RICHARD ESQ. Street Address (P.O. Box Number is Not Acceptable) 913 NORMANDY DRIVE MIAMI BEACH FL 33141 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of 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, 2001 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 12. 11. **PSD** TITLE TITLE Delete BIRMAN, IGAL NAME NAME STREET ADDRESS 18671 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA BEACH FL 33160** ☐ Addition ☐ Change VTD TITLE ☐ Delete TITLE BIRMAN, SARA NAME NAME STREET ADDRESS 18671 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA BEACH FL 33160** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TIT) F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 quality 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 the port as required by Chapter 607, Florida Statutes; and that my name arrivers is Block 11 or Block 12 is changed, or on an attachment with an address, with all effect in a supplied to the corporation of the corporation of the corporation or the receiver or trustee empowered to execute the port as required by Chapter 607, Florida Statutes; and that my name arrivers is Block 11 or Block 12 is changed, or on an attachment with an address, with all effect empowered. 607, Florida Statutes, and that my name of the BIRMAN