2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# 699000057528 FILED SECRETARY OF STATE ESTRAVAGANZA ENTER PRISE, INC.
1586 E. OAK LEAF LANE TALLAHASSEE, FLORIDA Kissimmee, FLORIDA 34744 ni JUL 19 AMII: 09 Principal Place of Business Mailing Address 102 RACHUA LANG APT C 1586 E. DAK LEAF LANG KISSIMHER, FL 3474/ KISSIMMER, FL 34744 900004494279--6 -07/24/01--01089--023 \*\*\*\*150.00 \*\*\*\*150.00 2. Principal Place of Business 3. Mailing Address 1586 E. OAK LEAF LAWS 1586 F, DAK LEAF LAND Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Kissimmee, FL Zip Country Kissinnee, FL
Zip Country 59-36218520 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required OSCEDLA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERMARY Alvelo
Street Address (P.O. Box Number is Not Acceptable) AIRAM DIAZ 702 RACHNA LANE Apt C Kissimmee, FL 34741 1434 SHEANA LANE 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 ROSIDONT 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT IDIRECTOR PresideNT Change 🔀 Addition TERMARY ALVELO 1434 SHEANA LANE AIRAM E DIAZ 1586 EAST OAK LEAS LANC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMER, FL 3474.4 CITY-ST-ZIP KISSIMMEE Addition TITLE Delete TITLE ☐ Change DIRECTOR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME 1 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:

Daytime Phone #

July 10, 2001

Florida Dept. of State Division of Corporation

Dear: Sirs

Enclosed you'll find completed UBR form for Estravaganza Enterprises, Inc. Doc# P99000057528.

We are returning the completed form back to you. You stated that the original form submitted to you had not been filed and was not suitable for archiving. < Note Letter> Please note, that we are sending this late since we just received it last week already on the "due date " which was indicated on the letter. Please accept this form and the corresponding check, which was submitted to you on time. Thank you

Sincerely,

Termary Alvelo

President

Estravaganza Enterprises, Inc.