2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DÒCUMENT # P9900060930 1. Entity Name GILISA AND CO., INC. 05-02-2001 90123 044 ***150.00 Principal Place of Business Mailing Address 3042 N FEDERAL HWY 3042 N FEDERAL HWY 200 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0932497 Not Applicable 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 PINTO, FRANKLIN M Street Address (P.O. Box Number is Not Acceptable) 3042 M FEDERAL HWY #200 FORT LAUDERDALE FL 33306 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named **SIGNATURE** 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PD ☐ Delete TITLE St. to Franklin 1 PTITO, FRANKLIN M NAME NAME STREET ADDRESS 3042 N FEDERAL HWY, STE #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Addition **Change** TITLE ☐ Delete TITLE HALEYRE, Gilles 701 SE 2 and CounT NAME MALEYRE, GILLES NAME STREET ADDRESS STREET ADDRESS 3042 N FEDERAL HWY, STE #200 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33306 Change Addition _ Delete TITLE TITLE MALEYRE, ISABELLE NAME NAME STREET ADDRESS STREET ADDRESS 3042 N FEDERAL HWY, STE #200 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 this true and accurate and that my signature by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachme ress, with all other like empowered.

SIGNATURE: