2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **P99000062093** DESIGNERMALE.COM, INC. 04-22-2000 90004 030 ***150.00 Principal Place of Business Mailing Address 7170 SW 119TH STREET 7170 SW 119TH STREET MIAMI FL 33156-4655 MIAMI FL 33156 TOUR VEGUS 1 2. Principal Place of Business 3. Mailing Address P.O. BOX 651065 7990 S.W. 117 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE *13*7 4. EEI Number 932 702 Applied For City & State City & State FLORIDA FLORIDA MIAMI MIAMI Not Applicable Country SA \$8.75 Additional Zip 33/83 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALOS & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 3306 PONCE DE LEON SUITE 250 **MIAMI FL 33134** Zip Code FL 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 DATE (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, 2000 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. Addition D. P. CEO. T M Change ☐ Delete TITLE VIAS, ANTONIO NAME STREET ADDRESS 7170 SW 119TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** D,C,5 ☐ Delete Addition TITI F TITLE NAME CALZADO, SERGIO E JR. NAME STREET ADDRESS STREET ADDRESS 7170 SW 119TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Addition Change TITI F Delete HALL, JASON'C' NAME NAME STREET ADDRESS STREET ADDRESS 7170 SW 119TH STREET CITY-ST-ZIP CITY-ST-7iP **MIAMI FL 33156** ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: STORYTURE NO WESS ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-7IP

SECTUTANT

Daytime Phone #