FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 16, 2000 8:00 am Secretary of State DOCUMENT # P9900062698 1. Entity Name HOUSE INT'L FOUR, INC. 08-16-2000 90004 017 ***150.00 Principal Place of Business Mailing Address 999 WASHINGTON AVENUE 999 WASHINGTON AVENUE IIIII (Jean MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Mailing Address 6/0 GOLDSTEIN, LEWINTED. 2. Principal Place of Business 1900 N.W. CORPORATE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ERST BLDG 4. FEI Number Applied For City & State & State OCA Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired 3431 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) **3732 N.W. 16TH STREET** FT. LAUDERDALE FL 33311-4132 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE-IS:\$550.00 :----9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00. 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 11. 12. TITLE ☐ Delete VECCHI, GIORGIO NAME NAME 826 OGSN DRIVE 999 WASHINGTON AVENUE STREET ADDRESS STREET ADDRESS MIANI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete --- Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE NAME 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

attachment Doct papacoco 2698 wyge 63

August 2, 2000

Uniform Business Report P.O. Box 1500 Tallahassee, Fl 32302-1500 Re: House Int'L Four, Inc. FEIN- 65-1020083

To Whom It May Concern:

Enclosed please find my submitted 2000 Uniform Business Report along with a check for \$150.00. This is the Company's first full year in operation, and as you can see the returns—was mailed to an address other than the Company's. I reside out of this country and never received the original report. I have changed the future mailing address to that of my accountant. I am requesting for this time only that the enclosed check for \$150.00 be acceptable for this filing. If you have any questions please do not hesitate to contact me.

Thank you,

Giorgio Vecchi

Director