2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Y

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P9900065019 1. Entity Name CHETOLA HOLDINGS FLORIDA INC. 04-25-2001 90143 030 ***150.00 Principal Place of Business Mailing Address 7700 NORTH KENDALL DRIVE 7700 NORTH KENDALL DRIVE PENTHOUSE 5 PENTHOUSE 5 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address 9655 S Highway 9655 So. DIXIE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3KD Floor City & State City & State 4. FEI Number Applied For 65-0990900 MIAMI MIAMI Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired USA USA 33156 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABITANTE, JOHN L Street Address (P.O. Box Number is Not Acceptable 1655 So Dixie H(C) 7700 NORTH KENDALL DRIVE PENTHOUSE 5 FLOOR MIAMI FL 33156 Zip Code 33/56 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 n TITLE TITLE Delete ☐ Addition MARTINS, JOSE P NAME NAME So. Dixie Highway 9655 STREET ADDRESS 7700 NORTH KENDALL DRIVE PENTHOUSE 5 STREET ADDRESS , FA 33156 CITY-ST-7IP MIAMI FL 33156 CITY-ST-ZIP Mimmi TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 adda

P. Martins

Daytime Phone #

José

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR