2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000079335 Jan 17, 2001 8:00 am Secretary of State BOLICI, INC. 01-17-2001 90084 015 ***150.00 Mailing Address Principal Place of Business C/O-HYMAN-8-KAPLAN: P.A 'C/O HYMAN' & KAPLAN, P.A. 150 WEST FLAGLER STREET #27C1 150-WEST-FLAGLER-STREET-#2781 AUUUUUUA MIAMI FL 99190 -MIAMI-FL 33130 3. Mailing Address 2. Principal Place of Business 500 S.W. 21st Terrace 6000 N.W. 2nd Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-0211909 City & State Ft. Lauderdale, FL Not Applicable Boca Raton, FL 33487 \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required Palm Beach - 6. Name and Address of Current Registered Agent 33312 - 7. Name and Address of New Registered Agent P. Mullen Street Address (P.O. Box Number is Not Acceptable) GANGUZZA, JOSEPH H C/O HYMAN & KAPLAN, P.A. 150 WEST FLAGLER STREET #2701 2929 E. COMMERCIAL MIAMI FL 33130 Zip Code 33308 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. Joseph P. Mullen 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, 2001 Fee will be \$550.00 Tax filling 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. CR2E034 (10/00) Change Addition TITLE ☐ Delete TITLE Bolici, PAOLO NAME BOLICK PAOLO 000 NW 2nd Avenue #340 NAME STREET ADDRESS C/O 200 PEACHTREE CTREET #2308 STREET ADDRESS OCA RATON FL 33487 CITY-ST-ZIP ATLANTA GA 30303 --CITY-ST-ZIP ☐ Delete TITLE TITLE 'BOLICI, MARIO NAME NAME C/O 233 PEACHTREE STREET #2308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30303 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE THILE NAME 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. 801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO