2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P99000089845 1. Entity Name METROPOLIS ART, CORP. 4-17-2001 90134 045 ***150.00 Principal Place of Business Mailing Address 2042 HARRISON ST. 2042 HARRISON ST. HOLLYWOOD FL 33020-5020 HOLLYWOOD FL 33020-5020 **UUU3/3Ub** 2. Principal Place of Bysiness 701 EAST PALIMETTO PARK RI 3. Mailing Address 201 EAST PALMETTO PARIL RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State BOCA RATEN FL BOCA RATE N 4. FEI Number Applied For 65-0956124 Not Applicable \$8.75 Additional 33432 Certificate of Status Desired 33432 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAREDES, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 2042 HAPPISON ST. 201 EAST PALMETTO PARK RD HOLLYWOOD FL 33020-5020 BOCA RATON FL 33432 City 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE 701 FAST PALMETTUPANK RU BOCA RATON FL 33432 NAME SOLORZANO, CARLOS A NAME STREET ADDRESS STREET ADDRESS 2042 HARRISON ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020-5020 TITLE STD Delete NAME PARADES, RAFAEL NAME 701 EAST PALMETTO PARK PD BOCA RATON FL 33432 STREET ADDRESS STREET ADDRESS 2042 HARRISON ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020-5020 ☐ Change ☐ Addition TITLE Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE 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 leport 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 true 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 without address; with all other like empowered. KAFAEL YAKE DES

SIGNATURE:

SIGNAT NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY OH/10/01 (954)