## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000096895 May 15, 2000 8:00 am Secretary of State 1. Entity Name ABSOLUT BRIO, INC. 03-27-2000 90110 033 \*\*\*150.00 Principal Place of Business Mailing Address 2810 PARK RD. 2810 PARK RD. PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009-3819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAGGIAG, JOHN Street Address (P.O. Box Number is Not Acceptable) 1581 WEEPING WILLOW WAY HOLLYWOOD FL 33019 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition HAGGIAG, JOHN NAME NAME STREET ADDRESS 1581 WEEPING WILLOW WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Addition TITLE VTD ☐ Change ☐ Delete TITLE NAME ACUN, PASCAL NAME STREET ADDRESS 17011 N. BAY RD., #302 STREET ADDRESS CITY-ST-ZIP N-MIAMI BCH FL 33160 CITY-ST-ZIP [] Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete [] Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNAZORE AND APPEO OR PRINCED NAME OF SIGNAL OFFICER OR DIRECTO

3-23-00

954-964-3398

Date

Daytime Phone