2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2000 8:00 am Secretary of State DOCUMENT # P99000097649 1. Entity Name T CUBED, INC. 05-13-2000 90039 021 ***150.00 Mailing Address Principal Place of Business 2100 CORAL WAY 2100 CORAL WAY SUITE 300 SUITE 300 C0089820 MIAMI FL 33145-2657-MIAMI FL -93146-2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TORANO, ARTURO Street Address (P.O. Box Number is Not Acceptable) 2100 CORAL WAY SUITE 300 MIAMI FL - 33146 33145 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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. **Change** ☐ Addition ☐ Delete TITLE TITLE TORANO, ERIC NAME NAME STREET ADDRESS STREET ADDRESS 2100 CORAL WAY SUITE 300 CITY-ST-ZIP 33145 CITY-ST-ZIP MIAMI FL-99146 .33/45 **Change** ☐ Addition ☐ Delete TITLE TITLE TORANO, MARIA E NAME NAME STREET ADDRESS 2100 CORAL WAY SUITE 300 STREET ADDRESS 33145 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL-83146- 33145 K1. Change ☐ Addition ☐ Delete TITLE TITLE TORANO, ARTURO NAME NAME STREET ADDRESS 2100 CORAL WAY SUITE 300 STREET ADDRESS CITY-ST-ZIP 33145 CITY-ST-ZIP MIAMI FL 99146 33145 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 rustle 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:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR