2000-UNIFORM BUSINESS REPORT (UBR) AMENDED DOCUMENT # P99000099039 FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS TERRE DI TIOSCANA, INC 00 JUL 3 L PM 2: 41 Principal Place of Business 1844 SW 16TH TER 1844 SW 16TER. MAMI, FL 33/45 1AM, FL 33145 2. Principal Place of Business 3. Mailing Address 244 SW 16TH TER. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0960218 MATH Not Applicable Zio 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 Pietro Bortolotti IEIRO BORIOZOTA Street Address (P.O. Box Number is Not Acceptable) IRLY SW 16TH FER. 1644 SW 16TH TER MAMITE 3345 MIAMI 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. /Pietro Bortolotti, 07-20-00 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 "Tax filing 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 11. OFFICERS AND DIRECTORS 12. Addition PRESIDENT ☐ Change TITLE ☐ Delete TIZIANA DI ROCCO NAME NAME 1844 SW 16TH TERR. STREET ADDRESS STREET ADDRESS 11/4M1, FL 33145 CITY-ST-ZIP CITY-ST-ZIP USE PRESIDENT Addition ☐ Delete TITLE TITLE 400003359974----08/17/00--01002--008 PIETRO BORTOLOTTI NAME NAME 1844 SW 1674 TER. STREET ADDRESS STREET ADDRESS *****61.25<u>**</u>****61.25 MIAMI_172 33145 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 or Block 11 or Block 12 or Block 13 or Block 13 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 15 or Block 16 or Block 17 or Block 18 or Block 19 or Block 19

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