2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P99000100177 3V CORPORATION 04-24-2000 90002 040 ***150.00 Mailing Address Principal Place of Business 1025 BRICKELL AVENUE : dat : DONCKET - WENNE SUITED D-207 SUITED D-207 0000000 MIAMI FL 33129-1737 MIAMI FL 33129 3. Mailing Address 2. Principal Place of Business 1460 BRICKELL AVENUE 1460 BRICKELL AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. SUITE 212 SUITE 212 Applied For City & State City & State 4. 65-0962079 FLORIDA Not Applicable MIAMI MIAMI FLORIDA Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33131 USA USA 33131 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHOLOBEL_MICHAEL CHOLOBEL, MICHAEL Street Address (PO Box Number is Not Acceptable) 1925 BRICKELL AVENUE SUITED D-207 STE. 212 **MIAMI FL 33129** Zip Code 33131 Cit**MIAMI** d office or registered agent, or both, in the State of Florida. its this statement for 8. The above name (the purpose of c MICHAEL CHOLOBEL, Registered Agent 01/12/250 SIGNATURE 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 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 12. 11. CR2E034 (9/99) ☐ Change TITLE ☐ Delete TITLE NAME RODRIGUEZ, DANIEL H NAME STREET ADDRESS STREET ADDRESS ALSINA 288-2A RAMOS MEJIA (1704 CITY-ST-ZIP CITY-ST-ZIP **BUENOS AIRES ARGENTINA** ☐ Change Addition TITLE ☐ Delete TITLE PASIKA, ALEJANDRO M MAME NAME STREET ADDRESS STREET ADDRESS AZCUENAGA 927-DTO 3 RAMOS MEJIA (1704) CITY-ST-ZIP CITY-ST-ZIP **BUENOS AIRES ARGENTINA** ☐ Change Addition TITLE ☐ Delete TITLE PASIKA, CLAUDIA R NAME NAME STREET ADDRESS STREET ADDRESS AZCUENAGA 927-DTO 3 RAMOS MEJIA (1704) CITY-ST-ZIP CITY-ST-ZIP **BUENOS AIRES ARGENTINA** Addition ☐ Chance TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Defete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 if changed, or on an attachment with an address with all other like empowered.