## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P99000105897 RECEPTOUR INVESTMENTS, INC. 2-28-2001 90068 050 \*\*\*150.00 Principal Place of Business Mailing Address 104 CRANDON BLVD. 104 CRANDON BLVD. SUITE 427 SUITE 427 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address 50 West Mashta Drive 50 West Mashta Drive Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0968313 Key Biscayne, Key Biscayne, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33149 33149 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENINSULA REGISTERED AGENTS. INC. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., #4874 **MIAMI FL 33131** 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 DATE (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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TOCKE, RENE TIME TITLE Change Addition CR2E034 (10/00) ☐ Delete FOCKE, RENE NAME NAME 50 WEST MASHTA DRIVE, SUITE 6 STREET ADDRESS 104 CRANDON BLVD. SUITE 427 STREET ADDRESS KEY BIBUAYNE, FL 33149 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Delete VERA ROBERTO KREMER 50 WEST MASHTA PRIVE SUITES Change Addition TOLE TITLE VERA, ROBERTO KREMER NAME NAME STREET ADDRESS 104 CRANDON BLVD. SUITE 427 STREET ADDRESS KEY BISCAYNE, FL 33149 CITY-S1-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Change Addition Delete TITLE TITLE PD THORIN, JEAN P 30 WEST MASHTA DRIVE, SUITEG THORIN, JEAN P NAME NAME 104 CEANDON BLVD SUITE 427 STREET ADDRESS STREET ADDRESS KEY BISCAYNE, FL 33149 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** ☐ Delete Change TITLE TITLE \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7iP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-SI-7IP Change Addition TITLE ☐ 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 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 ad all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR