2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State DOCUMENT # S05379 1. Entity Name 05-27-2002 90483 012 ***150.00 ESTRELLA PROMOTIONS, INC. Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE 601 BRICKELL KEY DRIVE SUITE 501 SUITE 501 MIAMI FL 33131 MIAMI FL 33131-2651 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0217139 Not Applicable Zip 🖰 Country Zip 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 GUTIERREZ, RENALDY J. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE SUITE 501 MIAMI FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** Delete TITLE Change ☐ Addition NAME RENALDY J. GITIERREZ NAME STREET ADDRESS 601 BRICKELL KEY DR., SUITE 501 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

Renaldy J. Gutierrez 4/30/02 3055774500 SIGNATURE:

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13. I hereby 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 of 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 teceiver of 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

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changed, or on an attachment will