FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment

SIGNATURE

address, with a

Apr 10, 2002 8:00 am Secretary of State S52148 DOCUMENT # PEGASUS PROCESS SERVICE, INC. 04-10-2002 90485 027 ***150.00 Principal Place of Business Mailing Address 990 N.W. 201 STREET 990 N.W. 201 STREET MIAMI FL 33169-2827 MIAMI FL 33169-2827 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 65-0263838 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 PANUNZIO, MARK E. Street Address (P.O. Box Number is Not Acceptable) 990 N.W. 201 ST MIAMI FL 33169-2827 Zip Code FL 8. The above gamed 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) DATE 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, 2002 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 DΡ ☐ Addition TITLE Delete TITLE ☐ Change CR2E034 (9/01 PANUNZIO, STEPHEN NAME NAME 990 N.W. 201 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE D٧ TITLE ☐ Change Addition PANUNZIO, MARK E. NAME NAME STREET ADDRESS 990 N.W. 201 ST STREET ADDRESS C!TY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition PANUNZIO, PAUL STEPHEN NAME NAME STREET ADDRESS 990 N.W. 201 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ 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 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

DE210EX

Daytime Phone #