,2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State DOCUMENT # V36450 1: Entity Name 05-12-2002 90646 029 ***150 00 **NEBU-TECH CORPORATION** Principal Place of Business Mailing Address 2430 N. 61ST AVENUE : 2430 NORTH 61ST AVENUE HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 US 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0331748 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name MILAZZO, LETICIA Street Address (P.O. Box Number is Not Acceptable) 2430 NORTH 61ST AVENUE HOLLYWOOD FL 33024 City Zip Code 8. The above named entite nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE or printed name of registered agent and title if applicable. 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 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition NAME MILAZZO, SAL NAME STREET ADDRESS 2430 NORTH 61ST AVENUE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP TITLE ☐ Delete TIT! F Change ☐ Addition NAME MILAZZO, LETICIA NAME STREET ADDRESS 2430 NORTH 61ST AVENUE STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-7IP TITLE and the same of the same Delete TITLE ☐ Change ☐ Addition NAME MEDINA, GUADALUPE NAME STREET ADDRESS 2430 NORTH 61ST AVENUE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 receive of Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: