2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # V63209** 1. Entity Name VALLINA FASTENER EXPORT, INC. 04-17-2001 90153 048 ***150.00 Principal Place of Business Mailing Address 21444 SW 88 PLACE 21444 SW 88 PLACE MIAMI FL 33189 MIAMI FL 33189 110038053 U\$ US 2. Principal Place of Business 11209 5w 88 5T. 3. Mailing Address 11209 80 88 51. DO NOT WRITE IN THIS SPACE #B103 Applied For niami, FL 4. FEI Number 65-0403605 Not Applicable Country DADE **\$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 Name BLANCO, MONICA Street Address (P.O. Box Number is Not Acceptable) 7381 SW 109 PATH MIAMI FL 33173-2766 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 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME BLANCO, MONICA STREET ADDRESS STREET ADDRESS 21444 SW 88 PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 ☐ Addition Change TITI F TITLE ☐ Delete NAME BLANCO, JESUS NAME STREET ADDRESS STREET ADDRESS 21444 SW 88 PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 Change Addition TITLE SECD ☐ Delete TITLE NAME EDWARDO BLANCO NAME STREET ADDRESS STREET ADDRESS 21444 SW 88 PLACE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33189 ☐ Addition ☐ Change SECD ☐ Delete TITLE ALESSADRA NOVOA NAME STREET ADDRESS STREET ADDRESS 21444 SW 88 PLACE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33189** □ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Oelete 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 address.

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR