2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # F97000004740 1. Entity Name 05-02-2002 90033 044 ***150.00 O2COOL INVESTMENTS, INC. Principal Place of Business Mailing Address 521 SW 64TH CT. P.O. BOX 402011 MIAMI BEACH FL 33144 MIAM! BEACH FL 33140 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 65-0768443 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 Llewellyn LLEWELLYN, DAVID M 521 SW 64TH CT. MIAMI FL 33144 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) 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. Г Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change Addition SWEET ADDRESS LLEWELLYN, DAVID M Liewellyn. Dav*i*P NAME 521 SW 64TH CT. 1500 Océan Drive #902 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33144 CITY-ST-ZIP Miami Beach FL TITLE ☐ Delete TITLE Addition NAME CARIAS, MARCELA NAME STREET ADDRESS AVE. LOS PROCERES #10 RESIDENCIAL GALA STREET ADDRESS CITY-ST-7IP SANTO DOMINGO DOM REP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CARIAS, MARCELA NAME STREET ADDRESS AVE. LOS PROCERES #10 RESIDENCIAL GALA STREET ADDRESS CITY-ST-ZIP SANTO DOMINGO DOM REP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LLEWELLYN, DAVID M NAME NAME STREET ADDRESS 521 SW 64TH CT. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP TITLE DIRECTOR ☐ Delete TITLE Change Addition NAME Jerry Fernandez NAME 746 GOLF WAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 433 CITY-ST-ZIP Boca RATON TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF Date

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone :