Daytime Phone #

Principal Place of Business 200 DOUGLAS RO 1004 CORAL CARLES FL 30134 US Suite. Apr. P. vio: City & State City	DOCU 1. Entity Nar	JMENT #	G6953	NESS REPO	RT	(UBR)		Apr 21, 2 Secreta 04-21-2002	[LE] 2002 1ry 0 90892 02	0 8 8:0 f St	00 am ate	
Sulto, Apt. #, etc. Sulto, Apt. #, etc. Sulto, Apt. #, etc. Sulto, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip St. Certificate of Status Desired St. 75 Additional Fee Required Fee	2600 DOUGL 1004 CORAL GABI US	AS RD LES FL 33134		2600 DOUGLAS RD 1004 CORAL GABLES FL 3313 US	14							
City & State Country S. Certificate of Status Desired S. 75 Additional Fee Required R. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Signature, types or prised name of required Agent and to if a spicular and to if a spi				<u>.</u>								
Zip Country Zip Country 5. Certificate of Status Desired SA, 5A Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required MURAL, WALD, BIONDO & MORENO, P.A. 25 SOUTHEAST 2ND AVENUE SUITE 300 MIAMI FL 33131 City 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 Sometime, fixed of please agent age	City & Sta	ite		City & State			4	EE! Number	-		anlied For	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 25 SOUTHEAST 2ND AVENUE SUITE 900 MIAMI FL 33131 6. The above named analy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 9. This corporation is eligible to satisfy its intengible rax tiling requirement and elects to do so. (See citeria on back) 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME SIGNAL GABLES FL 33134 DVPD SIGNAL GABLES FL 33134 SIGNAL	Zip			·	I 0			59-2379805		N	ot Applicable	
MURAI, WALD, BIONDO & MORENO, P.A. 25 SOUTH-EAST 2xID AVENUE SUITE 900 MIAMI FL 33131 City FL Zip Code City 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 Floride. SIGNATURE SIGNATURE 9. This copporation is eligible to satisfy its intangible Tax tilking requirement and elects to do so. Maker May 1, 2002 Fee will be \$550.00 Make	Zip	Cou	ritry	Zip	Cour	ntry	5.	Certificate of Status Desired				
MURAI, WALD, BIONDO & MORENO, P.A. 25 SOUTHEAST 2ND AVENUE SUITE 900 MIAMI FL 33131 City FL Zip Code		6. Name and A	ddress of Current Re	gistered Agent	·		7.	Name and Address of New Re	gistered A	jent		
MIAMI FL 33131 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ISSAES RETERADORSS CITY-ST-ZIP ITILE DVPS STREET ADDRESS CITY-ST-ZIP ITILE DVPS SAIAS, ROBERTO STREET ADDRESS CITY-ST-ZIP ITILE DVP SAIAS, WILLIAM 200 DOUGLAS ROAD CORAL GABLES FL 33134 CITY-ST-ZIP SAIAS, WILLIAM 200 DOUGLAS ROAD CORAL GABLES FL 33134 CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP SAIAS, WILLIAM 200 DOUGLAS ROAD CORAL GABLES FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CIT	25 SOUTHEAST 2ND AVENUE						And the second s					
B. 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 tise if applicable. NOTE: Registered Agent signature industrial products in accordance when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax highly requirement and elects to do so. (See citieria on back) DVPD Title OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DVPD SAMAS ESTEFANO SIRET ADDRESS CITY-ST-ZIP DVPS SIRET ADDRESS CITY-ST-ZIP SAMAS, ROBERTO SAMAS, ROBERTO SAMAS, ROBERTO CORAL GABLES FL 33134 CITY-ST-ZIP DVPS SIRET ADDRESS CITY-ST-ZIP DVPS SIRET ADDRESS CITY-ST-ZIP DVPS SIRET ADDRESS CITY-ST-ZIP SAMAS, WILLIAM SIRET ADDRESS CITY-ST-ZIP Delete TITLE SAMAS, WILLIAM SIRET ADDRESS CITY-ST-ZIP Delete TITLE SAMAS, WILLIAM SIRET ADDRESS CITY-ST-ZIP Delete TITLE SAMAS SIRET ADDRESS CITY-ST-ZIP Delete TITLE SAMAS SIRET ADDRESS CITY-ST-ZIP Delete TITLE SAMAS SIRET ADDRESS CITY-ST-ZIP Change Addition MAKE SIRET ADDRESS CITY-ST-ZIP TITLE SAMAS SIRET ADDRESS CITY-ST-ZIP Delete TITLE SAMAS SIRET ADDRESS CITY-ST-ZIP Change Addition MAKE SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP Change Addition MAKE SIRET ADDRESS CITY-ST-ZIP Change Add						City	ns:		FI	Zip Cod	le	
DVPD Delete TITLE SAIAS ESTEFANO SAIAS ESTEFANO Delete SAIAS ESTEFANO STREET ADDRESS CITY-ST-ZIP DVPS Delete SAIAS, ROBERTO SAIAS, ROBERTO STREET ADDRESS CITY-ST-ZIP DVPS Delete STREET ADDRESS CITY-ST-ZIP DVPS Delete STREET ADDRESS DVPS SAIAS, ROBERTO Delete STREET ADDRESS CITY-ST-ZIP DVPS Delete SAIAS, WILLIAM DVPS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DVPS Delete STREET ADDRESS STREET	Tax filing requirement and elects to do so.				02 Fee	will be \$550.			~ —			
NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP CORAL GA	11,	1	OFFICERS AND DIF	RECTORS	12.		ΑC	DDITIONS/CHANGES TO OFFIC	ERS AND E	RECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP DVP SAIAS, ROBERTO DVP SAIAS, WILLIAM STREET ADDRESS CITY-ST-ZIP DVP SAIAS, WILLIAM STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address	ISAIAS ESTEFAI 2600 DOUGLAS	ROAD	☐ Delete	NAM STRE	E Et address			ĺ	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	ISAIAS, ROBERT 2600 DOUGLAS	ROAD	□ Delete	NAMI STRE	ET ADDRESS			[Change	Addition	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	name Street address	ISAIAS, WILLIAM 2600 DOUGLAS	ROAD	Delete	NAME STREE	ET ADDRESS			-	Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS	TITLE			☐ Delete	TITLE			771.41		Change	Addition-	
NAME STREET ADDRESS STREET ADDRESS				· .								
	NAME STREET ADDRESS		<i>[</i> \	☐ Delete	, NAME STREE	ET ADDRESS				☐ Change	Addition	
TITLE TITLE TITLE TITLE TITLE TITLE THANKE JAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE TITLE THANKE STREET ADDRESS CITY-ST-ZIP	NAME Street address		ν,	☐ Delete	NAME STREE	ET ADDRESS			C	☐ Chạnge	☐ Addition	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: