2002	UNIFO	RM B	USINESS	REPORT	(UBR)

1. Entity Nam	MENT # K50545 easing, inc.	5	Secretary of State 02-11-2002 90119 015 ***158.75				
Principal Place of Business Mailing Address 13940 SW 136 ST 13940 S.W. 136TH ST. 100 SUITE 100 MIAMI FL 33186 MIAMI FL 33186							
Principal Place of Business 3. Mailing Address		3. Mailing Address	<u></u> _				
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 65-0087737 Applied For Not Applicable			
Ζiρ	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	== 6:- Name and Address of Current Re	egistered Agent	Name	7. Name and Address of New Registered Agent			
DUART, RE				Street Address (P.O. Box Number is Not Acceptable)			
14471 SW 161ST STREET				35 (1.0. DOX Number is Not Acceptable)			
MIAMI FL (33177		City	FL Zip Code			
8. The above	named entity submits this statement for t	he purpose of changing its re	egistered office or regis	istered agent, or both, in the State of Florida.			
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: I	Registered Agent signature requi	quired when reinstating) DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After May 1, 2002	FEE IS \$150.00 Fee will be \$550.00 to Department of S	I THIS FUND CONTIDUTION IT ADDED TO FRES T			
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS	S BENITEZ, SILVIA 14920 SW 167TH STREET MIAMI FL 33187	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
NAME, STREET ADDRESS	TD Duart, Carlos 14471 SW 161 Street Miami Fl-33177	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition			
NAME STREET AODRESS	PC Duart, Regina 14471 SW 161 Street Miami FL 33177	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
NAME STREET ADDRESS	VD BENITEZ, VICTOR A. 14920 SW 167TH CT MIAMI FL 33187	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			

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 eath; 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.

IGNATURE COSCICIONAL PROCESSION A. DUPRT

1/21/02 (205)235-5098