2002 UNIFORM BUSINESS REPORT (UBR)

Kanias

Aug 07, 2002 8:00 am Secretary of State P01000080437 **DOCUMENT #** 04-22-2002 90205 030 ***150.00 1. Entity Name SCREENSEPS.COM, INC. Principal Place of Business Mailing Address 8179 N.W. 8TH ST. 89 8179 N.W. 8TH ST. B9 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 4150 SW 107th Are 4150 GW 10741 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Hiam City & State 4. FEI Number Applied For Not Applicable am Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П U.S.A 4*2*U 3 165 匧 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name & 17 RAMOS, ANIA D Street Address (P.O. Box Number is Not Acceptable) 8179 N.W. 8TH ST. B9 MIAMI FL 33126 101 tr 4150 Zip Coge 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. anios (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 filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. 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. (9/01) TITL G TITLE Delete Fundara, Juan Hanuel 4150 Sw 107th Ave. FUNDORA, JUAN MANUEL NAME NAME CR2E034 8179 N.W. 8TH ST. B9 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP Miami F1 33165 TITLE Delete TITLE Change ☐ Addition Ramos, Ania D RAMOS, ANIA D NAME NAME 4150 SW 107th Ave STREET ADDRESS 8179 N.W. 8TH ST. B9 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP 33 165 PI TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition ☐ Change 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.

230-0418