2001 Uniform Business Report (UBR) 03-14-2002 90075 018 *** 900 00 FILED P92000006433 DOCUMENT # P92000006433 1. Entity Name 02 APR 10 PM 1:32 3RDI, INC. OFIETALLY OF STATE Principal Place of Business Mailing Address REINSTATEMENT 01-02 4969 SOUTHYEST 74TH COURT 4969 SOUTHWEST 74TH COURT MIAMU FL 33155 MIAMI FL 33155 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 65-0437512 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Ageπt Name KODERT ader. Robert Street Address (P.O. Box Number Is Not Acceptable) 25 MEANINGER OFFICE SHITE 1010 #3550 9nd Treet MIAMI FL 39130 Zip Code 33/3/ City ed agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 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 CR2E034 (5/01) Oelete ☐ Addition TITLE TITI F ☐ Change NAME STURM, KURT NAME 4969 SOUTHWEST 74TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STURM, AVN NAME STREET ADDRESS 4969 SOUTHWEST 74TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Delete TITLE -- -- Change --- -- Addition NAMF MILAM, WILLIAM NAME STREET ADDRESS STREET ADDRESS 14135 LANGLEY PLACE CITY-ST-ZIF DAVIE FL 33325 CITY-ST-ZIP TITLE! Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. 124mm SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 4, 2002

THE MAPPING ALLIANCE INC. 20 ISLAND DR., STE. 818 MIAMI BEACH, FL 33139

SUBJECT: THE MAPPING ALLIANCE INC.

Ref. Number: P00000039095

We have received your document for THE MAPPING ALLIANCE INC. and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

Because your reinstatement was not completed in time for you to receive a 2002 annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$900.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 502A00006828

Kathy Ashton Document Specialist