

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90164 009 \*\*\*150.00

**DOCUMENT # P94000062721**

1. Entity Name  
**RESALES, INC.**

Principal Place of Business <b>13370 SW 131 ST</b> <b>110</b> <b>MIAMI FL 33186</b> <b>US</b>	Mailing Address <b>10930 SW 48TH ST</b> <b>MIAMI FL 33165</b> <b>US</b>
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2. Principal Place of Business <b>8456 NW 61 STREET</b>	3. Mailing Address <b>14985 SW 108 TERRACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI</b>	City & State <b>MIAMI</b>	4. FEI Number <b>65-0515609</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33166</b>	Country <b>USA</b>	Zip <b>33196</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GONSALVES, DOUGLAS V**  
**10930 SW 48TH ST**  
**MIAMI FL 33165**

7. Name and Address of New Registered Agent  
 Name **CHRIS CARPENTER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14985 SW 108 TERRACE**  
 City **MIAMI** FL Zip Code **33196**

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 DATE **04/14/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GONSALVES, DOUGLAS V</b> <b>10930 SW 48TH ST</b> <b>MIAMI FL 33165</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BOWERS, ANDREW H</b> <b>13600 SW 73 AVE</b> <b>MIAMI FL 33158</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CARPENTER, CHRIS</b> <b>14985 SW 108 TERR</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: **Chris Carpenter** Date **4/14/2001** Daytime Phone # **305 382 3399**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)