2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)

DOCUMENT #

P97000026926

1. Entity Name

ERNST CORPORATION



Apr 07, 2003 8:00 am § Secretary of State 04-07-2003 90734 011 ***150.00

Surie, Apr. 1, 1905.	Principal Plac 1951 NW 141S OPA LOCKA F	T STREET, BAY #3	PΟ	Mailing Address P O BOX 611063 NORTH MIAMI FL 33261-1063								
City 6 State	2. Principal Place of Business 3. Mailing Address											
Description Property Description Des	Suite, Apt.	#, etc.	Suí	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
5. Name and Address of Current Registered Agont 5. Name and Address of New Registered Agont For Required 7. Name and Address of New Registered Agont Name Street Address (P.O. Box Number is Not Acceptable) Street Address	City & State	Miami 1	F/ City	City & State			4. 1	4. FEI Number 65-0738196			——————————————————————————————————————	
S. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Signature Signat					try	-5						
Street Address (R.O. Box Number is Not Acceptable) Street Address (R.O. Box Number is Not Acceptable) Street Address (R.O. Box Number is Not Acceptable) City			of Current Register	ed Agent			7. 1	Name and Address of New Regis	tered Ag	ent		1
1951 NW 141ST STREET, BAY #3 OPA LOCKA FL 33054 City FL Zip Code 8.* The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and or migratered agent and the feedbase. WACTE. Registered Agent agents were revisiting. SIGNATURE SIGN						Name						1
Signature process of changing its registered office or registared agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered graph. SIGNATURE Signature, typed orbiffed name of registered agent. FILE NOWI!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIE. BRIEF ADDRESS OITY-ST-2P INTE NORTH MIAMI FL 33167 Delete INTE NAME SIRET ADDRESS OITY-ST-2P OCHange Addition NAME SIRET ADDRESS OITY-ST-2P OCHANGES OCHANGES						Street Address (P.O. Box Number is Not Acceptable)						
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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 10 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR