2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072162 RAVINCAR ENTERPRISES, INC. Mailing Address Principal Place of Business 8610 NW 21 CT. 8610 NW 21 CT. SUNRISE FL 33322 SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0780668 Ζiρ Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DURAN, CARLOS J Street Address (P.O. Box Number is Not Acceptable) 8610 NW 21 CT. SUNRISE FL 33322 City SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE HAME NAME DURAN, CARLOS J STREET ADDRESS STREET ADDRESS 8610 NW 21 CT. CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP

FILED Feb 03, 2001 8:00 am Secretary of State

01-10-2001 90007 026 ***150.00

Applied For

\$8.75 Additional

Fee Required

Not Applicable

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1/10/01-

DO NOT WRITE IN THIS SPACE

Zip Code FL B. 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 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Chance ☐ Change Addition ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Addition Delete TETLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. Thereby 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, gith all other like empowered.

SIGNATURE: