2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P98000068510 CORPORATE SIGNS, INC. 04-27-2001 90300 031 ***150.00 Principal Place of Business Mailing Address 1375 NW 97 AVE 1375 NW 97 AVE **UNIT 12** UNIT 12 645520 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Maiting Address 1375 N.W. 97H SAHE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-2411347 MAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZUNIGA, JAMES JR Street Address (P.O. Box Number is Not Acceptable) 1375 NW 97 AVE **UNIT 12 MIAMI FL 33172** Zip Code 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 Signature, typ: diname of registered agent and fit (NOTE: Registered Agent's gnature required when reinstating) (FILE NO)V!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD T:T: E ☐ Change ☐ Addition CR2E034 (10/00) TITLE ☐ Delete ZUNIGA, JAMES JR NAME NAME STREET ADDRESS 1375 NW 97 AVE-UNIT 12 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Addition VICE PRESIDENT ☐ Delete TITLE ☐ Change TITLE ZUNIGA JAMES BR 1375 NW97 AVE- UNIT 12 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P MIAMIFL 33172 CETY-ST-ZIP ☐ Chance Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS C:TY-ST-7IP CITY-ST-ZIP Change Addition Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CIDM-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE T:Ti F NAME NAM5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST - ZP 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 of 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 ether like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR