² 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9900003087 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** E. SPECIALISTS, INC. 03-01-2000 90022 017 ***150.00 Principal Place of Business Mailing Address 7467 NORTH WEST 169TH LANE 7467 NORTH WEST 169TH LANE MIAMI FL 33015 MIAMI FL 33015-4129 2. Principal Place of Business 3. Mailing Address NW 169 LANE <u> 74</u>67 5951 NW 151 STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SHITE 4. FEI Number Applied For City & State City & State FLORIDA 65-0886642 MIAMI LAKES FLORIDA MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33014 33015 US A Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NG. AARON Street Address (P.O. Box Number is Not Acceptable) 7467 NORTH WEST 169TH LANE **MIAMI FL 33015** Zip Code FL 8. The above named entity subtrats this r the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typed or and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition DPS TITLE ☐ Delete NAME NGO, VI STREET ADDRESS STREET ADDRESS 5951 NORTH WEST 151 ST., SUITE 211 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Addition PRESIDENT ☐ Delete TITLE Change TITLE ΝĠ, AARON NAME NAME 5951 NW 151 ST, SUITE 211 STREET ADDRESS STREET ADDRESS MIAMI LAKES FC, 83014 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

PRESIDENT.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

305-824-8900