## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am Secretary of State **DOCUMENT # V54353** 1. Entity Name 05-17-2001 90412 012 \*\*\*150.00 2255 INC. Principal Place of Business Mailing Address 30**20, NW 77(H ST**REET 3028 NW 7TH STREET MIAM FL 33125 MIAMI FL 33125 NOAre DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0351565 Not Applicable \$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 GONZALEZ, JESUS R. 2160 SW 137TH PLACE **MIAMI FL 33175** Zip Code is this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nan SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS CR2E034 (10/00) 🙀 Delete TITLE Poulmo - Change TITLE PLA, SEGUNDO NAME NAME 14936 Sev 10457 STREET ADDRESS STREET ADDRESS 2840 NW 6TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** Qelete TITLE ALBUERNE, MARIA T. NAME STREET ADDRESS 2840 N.W. 6TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAM! FL ☐ Delete TITLE TITLE **ESPINEL. PAULINO** NAME STREET ADDRESS 14936 SW 104TH ST #420 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information exort 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 personness of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information indicated on this report or suppler of the corporation or the rec changed, or on an attachm ss, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE A YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR