2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # 433504** 1. Entity Name 01-23-2001 90125 045 ***150.00 AMERICA CREDESK, INC. Principal Place of Business Mailing Address 75 EAST 13TH ST 75 EAST 13TH ST HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 59-1478881 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ruben Figueroa LEWISON, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 75 East 13 Street 660 NORTHWEST 125TH STREET NO. MIAMI FL. City Hialeah, Zip Code 33010 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. (NOTF: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME FIGUEROA, RUBEN STREET ADDRESS STREET ADDRESS 75 € 13TH ST CITY-ST-7IP CITY-ST-ZIP HIALEAH FL TITLE ☐ Defete Change ☐ Addition TITLE D NAME FIGUEROA, CRISTINA STREET ADDRESS STREET ADDRESS 75 E 13TH ST CITY-ST-ZIP CITY-ST-7IP HIALEAH FL TITLE ☐ Delete TITLE ☐ Addition · Channe MAME FIGUEROA CRISTINA NAME STREET ADDRESS STREET ADDRESS 75 E 13TH ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 (305)885-3793