2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # 578968** 1. Entity Name INNISFREE, INC. 05-17-2000 90843 037 ***150.00 Principal Place of Business Mailing Address 6955 N.W. 36TH AVENUE 6955 N.W. 36TH AVENUE MIAMI FL 33147-6505 **MIAMI FL 33147** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-1840140 Not Applicable Country Zìp Zìp 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 RUBEL, JANICE B. Street Address (P.O. Box Number is Not Acceptable) 6955 N.W. 36TH AVENUE **MIAMI FL 33147** City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: 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, 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 11. OFFICERS AND DIRECTORS ☐ Change Addition PD ☐ Delete TITLE TITLE SECRETARY/TREASURER NAME NAME RUBEL, JANICE B. SANDRA CASTILLO STREET ADDRESS STREET ADDRESS 6955 N.W. 36TH AVENUE 6955 N.W. 36 AVE. CITY-ST-ZIP CITY-ST-7IP MIAMI FL MIAMI , FL 33147 TITLE SD ☐ Delete TITLE Change ☐ Addition NAME FERRER, EUDALA NAME STREET ADDRESS STREET ADDRESS 6955 NW 36TH AVE CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI_FL</u> ☐ Change ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE □ Delete TITLE ☐ Change ~ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #