2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 22, 2003 8:00 am Secretary of State DOCUMENT # 728049 1. Entity Name 05-22-2003 90141 044 ****61.25 UP FRONT, INC. Principal Place of Business Mailing Address 12360 SW 132 COURT 12360 SW 132 COURT #215 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1508595 Applied For Not Applicable Country Zip Country Zip **\$8.75** Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALL, JAMES N Street Address (P.O. Box Number is Not Acceptable) 12360 SW 132 COURT #215 **MIAMI FL 33186** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE GREENE, KIM NAME NAME 12360 SW 132 COURT #215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-7IP Director Graig Dearr 12360's Wisa Court #215 Delete Change Addition TITLE TITLE RAMOS, JUAN SANCHEZ DR. NAME NAME 12360 SW 132 COURT #215 STREET ADDRESS STREET ADDRESS Miami FL 33186 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition ☐ Delete TITLE ☐ Change HALL, JAMES NAME NAME 12360 SW 132 COURT #215 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE BRODERICK, PAULINE M NAME NAME 12360 SW 132 COURT #215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM) FL 33186 ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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changed, or on an attachment with an address SIGNATURE:

CITY-ST-ZIP 12. 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 §17, Florida Statutes; and that my name appears in Block 10 or Block 11 if