FILED

2002 UNIFORM BUSINESS REPORT (UBR)

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

Feb 19, 2002 8:00 am Secretary of State DOCUMENT # F16656 1. Entity Name MIZELL & ASSOCIATES, INC. 02-19-2002 90011 018 ***150.00 Principal Place of Business Mailing Address 11401 SW 16 ST. 2270 NW 6 ST. FT.LAUDERDALE FL 33311 DAVIE FL 33325 US 2. Principal Place of Business 3. Mailing Address 24me Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2062626 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 MIZELL. LORRAINE G Street Address (P.O. Box Number is Not Acceptable) 11401 SW 16 ST. DAVIE FL 33325 Zip Code City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS vice President TITI F ☐ Delete TITLE ☐ Change Addition CR2E034 (9/01 MIZELL, LORRAINE G NAME NAME 11401 S.W. 16TH ST. STREET ADDRESS STREET ADDRESS DAVIE FL 33325 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE THOMAS-BLANCO, MARIA NAME NAME STREET ADDRESS 3241 NW 4 CT STREET ADDRESS 6W 16 ST. CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP Addition ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Defete TITHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Morrane & Mizel