200 ERAUSINESS REPORT (UBR)

| DOCUMENT# p9900004753 1. Entry America Graf Paige and Associates, Inc. OFFER Paige and Associates, Inc. OFFER Paige and Associates, Inc. Maling Address Same 1170 NW 79 Street, 208-B Same 2. Purpose Place of Business Same, Act. 4, coc. Do Not Write Pail His Service 2. Purpose Place of Business Same, Act. 4, coc. Do Not Write Pail His Service 2. Purpose Place of Business Same 2. Purpose Place of Business Same 3. Main, Act. 4, coc. Do Not Write Pail His Service 2. Country 2. Do Country 2. Do Country 3. Confeder of Business Desired 4. FEI Alumber NOT APPLICABLE Paige Graf 1170 N.W. 79 Street 208-B Miami Florida 33150 City Paige, Graf 1170 N.W. 79 Street 1070 Note of Double to Sambly be trampole in Many Service and active state of Double Service Service Address of Country Tith 200-8 3. The above rained early submits this statement by the Spoose of charging is registered office or ingaseed agent, or born in the Same of Edition Service on Onch. The Address of Double to Sambly be trampole in Many Spoose of Charging is registered office or ingaseed agent, or born in the Same of Edition Service on Onch. The Address of Country Tith 200-552 The Address of Country Tith 200-552 The Address of Country Tith 200-652 The Address of Country Tith 200-653 | AUVO | IEDRI TUST | NESS REPO | RT | (UBF | 3) | | | | | | |
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| Periodic Place of Rusiness Nation Address Same Sam | 17700004733 | | | | | | | C-11 | inse tref | | | |
| Some State of Parish and State of Parish and State of Parish and P | Graf Paige and Associates, Inc. | | | | | | } | | | | | |
| C/O Schallot C. Slade Corp Sec Same Niami, Florida 33150 2. Principal Place of Blainness Suite. April 4, etc. City & Slate Ci | , | | | | | | 05 FEB 11 AM 9: 42 | | | | | |
| Suite, Apf. 8, Bic. City & State City & St | c/o Schallot C. Slade Corp Sec Same 1170 NW 79 Street, 208-B Same | | | | | | | | | | | |
| City & State Country City Country City Country City Country City | | | | | | | | | | | , | |
| Zip Country Springer Country St. Certification of Status Desired Kr. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE MRS | | | | | |
| S. Certificate of Status Desired S. Certificate of Status Desired Paige, Graf 1170 N.W. 79 Street 208-B Miami Florida 33150 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zip Co | City & State | | City & State | | | 4. | | | | | | |
| Paige, Graf 1170 N.W. 79 Street -208-B Miami Florida 33150 City FL Zip Code 8. The above named entity submits this statement for the Copose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Indiangle Rate 1984 askquit Molfre Populary 7th, 2005 1. This corporation is eligible to satisfy its Indiangle Rate 1984 askquit Molfre Populary 7th, 2005 1. This corporation is eligible to satisfy its Indiangle Rate 1984 askquit Molfre Populary 7th, 2005 1. This corporation is eligible to satisfy its Indiangle Rate 1984 askquit Molfre Populary 7th, 2005 1. This corporation is eligible to satisfy its Indiangle Rate 1984 askquit Molfre Populary 1984 Action 1985 1. OFFICERS AND DIRECTORS 1. OFFICERS AND DIRECTORS 1. OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Paige, Graf 1. OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND DIRECTORS IN 11 THE MANA STREET ADDRESS 1. OFFICERS AND | • | Country Zip Cour | | | itry | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | 6. N | Name | 7. | Name and Addre | ss of New Re | egistered A | gent | | | | | |
| 8. The above named entity submits this statement or the places of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Pebruary 7th, | 1170 N.W. 79 Street | | | | | | | | | | | |
| SIGNATURE Signature Signa | Miami Florida 33150 | | | | City | City FI Zin Code | | | | | | |
| SIGNATURE Signature Signa | P. The shave named | | | | | | | | | | | |
| After MAY 1, 2001 Fee will be \$550,00 | SIGNATURE | graf | Pargo | | | Feb | ruary 7t | | | 200 | 253 | |
| TITLE NAME Paige, Graf 1170 NW 79 St 208-B | Tax filing requirement and elects to do so. After MAY 1, 2001 Fo | | | | | 50.00 | 10. Liection | Campaign Fina d Contribution | ancing n. \square | | | |
| NAME SIREET ADDRESS CITY-ST-ZIP Paige, Graf 1170 NW 79 St 208-B Miami, Florida 33150 DCS Slade, Schallot C. 1170 N.W. 79 St 208-B Miami, Florida 33150 DCS Slade, Schallot C. 1170 N.W. 79 St 208-B Miami, Florida 33150 DV Patrick H. Paige 7819 NW 228th St CITY-ST-ZIP TITLE RAME SIREET ADDRESS CITY-S | 11. | OFFICERS AND D | DIRECTORS | 12. | - | | ADDITIONS/CHAN | GES TO OFFI | CERS AND | DIRECTORS | S IN 11 | |
| DCS | NAME PAI STREET ADDRESS CITY-ST-7/P | 0 NW 79 St 208 | -B | NAM STRE | E ET ADDRESS | | | | | ☐ Change | ☐ Addition | |
| Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delet | NAME DCS STREET ADDRESS CITY-ST-7IP 117 | de, Schallot C 0 N.W. 79 St 2 | □ Delete | NAM STRE | ET ADDRESS | | | | | ☐ Change | ☐ Addition | |
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| NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | | ☐ Delete | NAM STRE | E Et address | | | : | | ☐ Change | Addition | |
| | NAME STREET ADDRESS CITY-ST-ZIP | | | NAM Stre City | E Et address - St-Zip | | | | | | | |

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 of powered.

SIGNATURE:

| February 7th, 2005 (305) 694| SIGNATURE AND TPED OR PRINTED NAME OF SIGNING AFFICER OR DIRECTOR | Date | Daytime Phone * 9676