2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State J41507 DOCUMENT # 01-24-2003 90049 022 ***150.00 1. Entity Name 3252 CORP. Principal Place of Business Mailing Address 1212 HARDEE ROAD 1212 HARDEE ROAD **CORAL GABLES FL 33146** CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address 2311 TIGERTAIL COURT 2311 TIGERTAIL. Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2741345 MIAMI MIAMI Not Applicable **\$8:75**-Additional-5. Certificate of Status Desired 33133 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ECONOMIDES CHRISTOPHER ANNINOS, NICK Street Address (P.O. Box Number is Not Acceptable) 1212 HARDEE ROAD TIGERTAIL CORAL GABLES FL 33146 Zip Code 33133 City MIAMI 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$1,50.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 20 CR2E034 (10/02) TITLE ☐ Delete TITLE ☐ Addition ECONOMIDES, CHRISTOPHER NAME NAME ECONOMIDES CHRISTOPHER 1666-MICONOPY AVENUE STREET ADDRESS STREET ADDRESS 2311 TIGERTAIL COURT MIAMI FLORIDA 3 COCONUT GROVE FL CITY-ST-ZIP CITY-ST-ZIP TITLE STD Delete TITLE ☐ Change ☐ Addition ANNINOS, NICK NAME NAME 1212 HARDEE RD. STREET ADDRESS STREET ADDRESS CORAL GABLES FL CfTY=ST=ZIP--CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: ___

SIGNATURE REQUIRED

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

1/14/2003

FILED

Jan 24, 2003 8:00 am

Daytime Phone #