2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # K55017** AFFAIRACTION CORPORATION 04-04-2001 90128 007 ***150.00 Principal Place of Business Mailing Address 14850 NW 44TH CT. 14850 NW 44TH CT 641694 HANGAR 102, #247 HANGAR 102, #247 MIAMI FL 33054 MIAMI FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0107954 Not Applicable Zip Country Zip 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 ESTEBE, PATRICK Street Address (P.O. Box Number is Not Acceptable) 14850 NW 44TH COURT HANGER 102, #247 MIAMI FL 33054 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. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Change Addition TITLE Delete TITLE ESTEBE, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 14850 NW 44TH CT., HANGAR 102, #247 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33054 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME DES VALLIERES, MARIE GWENOLA NAME STREET ADDRESS STREET ADDRESS 14850 NW 44TH CT., HANGAR 102, #247 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33054 TITLE ☐ Delete TITLE ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition 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

04.02.01 (305) 769.9652

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