2002 UNIFORM BUSINESS REPORT (UBR)

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Mar 24, 2002 8:00 am K55017 DOCUMENT # **Secretary of State** 1. Entity Name 03-24-2002 90049 037 ***150 00 AFFAIRACTION CORPORATION Principal Place of Business Mailing Address 14850 NW 44TH CT. 14850 NW 44TH CT HANGAR 102, #247 HANGAR 102, #247 MIAMI FL 33054 MIAMI FL 33054 US 2. Principal Place of Business 3. Mailing Address 1012 TANGELO 1012 TANGELD ISLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0107954 LAUDERDALE. FL CAKDERDALE. Not Applicable \$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 PATRICK ESTEBE, PATRICK Street Address (P.O. Box Number is Not Acceptable) 14850 NW 44TH COURT CANGELO HANGER 102, #247 CANDERDALE **MIAMI FL 33054** 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) Delete TITLE TITLE ☐ Change ☐ Addition ESTEBE, PATRICK NAME NAME 14850 NW 44TH CT., HANGAR 102, #247 STREET ADDRESS STREET ADDRESS MIAMI FL 33054 CITY-ST-ZIP CITY-ST-ZIP ٧S Delete ☐ Addition TITLE TITLE Change DES VALLIERES, MARIE GWENOLA NAME 14850 NW 44TH CT., HANGAR 102, #247 STREET ADDRESS STREET ADDRESS MIAMI FL 33054 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ___Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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-7(P CITY-ST-7/P 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