2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) L11126 **DOCUMENT #** 1. Entity Name 2349 CORPORATION

Mailing Address

FILED May 05, 2003 8:00 am § Secretary of State

05-05-2003 91177 006 ***150.00

5901 MIAMI LAKES DRIVE MIAMI LAKES FL 33014		5901 MIAMI LAKES DRIVE MIAMI LAKES FL 33014			 			
2. Principal Place of Business		3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0253928			oplied For ot Applicable
Zip	Country	Zip	Country	·	5. Certificate of Status De		8.75 Add	
6. Na	Registered Agent			7. Name and Address of	Name and Address of New Registered Agent			
				Name				
KAPLAN, MARK 5901 MIAMI LAKES		\$	Street Address (P.O. Box Number is Not Acco	eptable)			
MIAMI LAKES FL 3	3014					·		
			(City		FL	Zip Code	9
the obligations of req		or the purpose of changing i	ts registered o	office or register	red agent, or both, in the Stat	e of Florida. I am fan	niliar with,	and accept
SIGNATURE Signature, ty	ped or printed name of registered agent	and title if applicable. (NO	OTE: Registered Ag	ent signature required	d when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campa Trust Fund Con	· · ·		O May Be to Fees
10.	/ OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES 1	O OFFICERS AND D	PECTORS	3 IN 11
	r, robert N. 1st avenue	☐ Delete	TITLE NAME STREET A CITY-ST-		I BRICKELL A	VE 30THP	Change	Addition A
TITLE VS NAME TRUEBA	, MARIO V. 1ST AVENUE	☐ Delete	TITLE NAME STREET A CITY-ST-	DDRESS	BRICKEL A	TVE 3074	Change	Addition
	N. 1 AVE	Delete Delete	TITLE NAME STREET A CITY-ST-		BRICKELL AMI, FL.	AVE 30	Change	☐ Addition
CITY-ST-ZIP MIAMI F TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>L</u>	☐ Delete	TITLE NAME STREET A	DORESS	MMI, I-C.		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AI CITY-ST-			С	Change	Addition

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.

TITLE

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business

IRE REPOBERTO SueHER

☐ Delete

☐ Change

Addition