2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 MAY -3 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001982

1. Entity Name
Pre-Foreclosure Solutions

Principal Place of Business — Mailing Address

See below address corrections*

600004336856--6
-05/31/01--01094--008
*****50.00 *****50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8660 sw 212 street	P.O. Box 165836
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.:
City & State: ~~Miami, FL.~~	City & State: Miami, FL
Zip: 33189 — Country: USA	Zip: 33116-5836 — Country: USA

4. FEI Number: 65-0912354 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Spiegel & Utera P.A.
343 Almeria Avenue
Coral Gables, FL. 33134

7. Name and Address of New Registered Agent

Name: Charles Galan
Street Address (P.O. Box Number is Not Acceptable): 8660 sw 212 street
Suite 201
City: Miami — FL — Zip Code: 33189

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] — 4/30/01 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Charles Galan 8660 sw 212 street Suite 201 Miami, FL. 33189 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/30/01 3058044450