2002 Uniform Business Report (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE:

Mar 27, 2002 8:00 am Secretary of State M05796 **DOCUMENT #** 1. Entity Name 03-27-2002 90033 017 ***150.00 WALTON & POST, INC. Principal Place of Business Mailing Address 8105 NW 77TH ST 8105 NW 77TH ST POCICUUG MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2449820 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUITE 2-B BIRD, INC. Street Address (P.O. Box Number is Not Acceptable) 8105 NW 77TH ST MIAMI FL 33166 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE Change TITLE GARRIDO, JOSE A. NAME NAME 8105 NW 77TH ST STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE GARRIDO, JOSE A., JR. NAME NAME 8105 NW 77TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE COS. FELIPE NAME NAME STREET ADDRESS 8105 NW 77TH ST STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7IP $\overline{\mathsf{VP}}$ Change ☐ Addition ☐ Delete TITLE CUADRADO, ALFREDO NAME 8105 NW 77TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME 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

MAR 1 3 2002

FILED