## 2002 UNIFORM BUSINESS REPORT (UBR)

| Apr 28, 2002 8;90 am Secretary of State FIERO ENTERPRISES, INC.    Principal Place of Business   | 2002   | 2 UNI  | FORM BUSI   | NESS REPO   | RT          | (UBR)             |                                     | F  | LED   |                                      | _                                       |  |
|--|--|--|---|---|-------------|-------------------|-------------------------------------|--|---|--------------------------------------|---|--|
| Principal Place of Business  20: 20 M SH. AVENUE HALLMONLE R. 2009  US  2. Principal Place of Business  3. Mailing Address  Suita Apr. 8. doc.  City & State   | DOCUMENT # M23862  |  |   |   |             |                   |                                     | Apr 28, 2002 8:00 am<br>Secretary of State   |   |                                      |   |  |
| 27. 205 NW 5TH AVENUE NULL MOLE FL 3009  2. Principal Place of Business  Suits Apt. #, etc.  Suits Apt. #, etc.  Suits Apt. #, etc.  Suits Apt. #, etc.  City & State  City & FL  City & City  City & FL  City & City  City & FL  City & City  City & City & State  City & City & State  City & State  City & State  City & State  City & City & State  City & State  City & State  City & State  City & City & State  City & State  City & State  City & State  City &   | FIERO EN   | NTERPRI  | SES, INC.   |   |             |                   |                                     | 04-28-2002 9   | 90596 001 *                                   | ·**300                               | .00                                     |  |
| HALLANDALE FL 3009   Survey April 2009   Surve   | Principal Place  | e of Business                                      | 3   | Mailing Address   |             |                   |                                     |  |   |                                      |   |  |
| Sure Apr. # etc.  DO NOT WHITE IN THIS SPACE  Accided For Not Applicable Space   | HALLANDALE FL 33009 HALLANDALE FL 33009                      |  |   |   |             |                   |                                     |  |   |                                      |   |  |
| Suta, Apr. #, atc.   Suta, Apr. #, etc.   DO NOT WRITE IN THIS SPACE    City & State   City & State   A. FEI Number   Space 2737812   Applied For   No. Applicable   Space 2737812   No. Applicable   No. Applicable   Space 2737812   No. Applicable   No. Ap   |  |  |   |   |             |                   |                                     |  |   |                                      |   |  |
| City & State    City & State   City  | ·  |  | ess   |   |             |                   |                                     |  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       |                                      | e() <b>616</b> )) ( <b>85</b> )         |  |
| Zip Country Zip Country S. Certificate of Status Desired   \$8.75 Additional Fire Project   \$8.                                    |  |  |   |   |             |                   | 4 5                                 |  |   |                                      |   |  |
| S. Name and Address of Current Registered Agent  | City & State   |  |   |   |             |                   |                                     |  |   | Not                                  | Applicable                              |  |
| FIERO, JOSEPH 201-205 NW STH. AVENUE HALLANDALE FL 30009  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 Symme specie or preadment of deglaced agent and risk statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Symme specie or preadment and designed agent and risk statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Symme specie or preadment and designed agent and risk statement for the purpose of changing its registered agent. Or both, in the State of Florida.  SIGNATURE Symme specie or preadment and device to a stately its, managing in a state  | Zip  | Country  |   | Zip Cour  |             |                   |                                     |  |   |                                      |   |  |
| 201-20S NW 5TH. AVENUE HALLANDALE FL. 330099  City FL Zip Code  The abbove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax Mility requirement and elects to do so   After Mary 1, 2002 Fee will be \$550.00   Tax Mility requirement and elects to do so   After Mary 1, 2002 Fee will be \$550.00   Tax Mility requirement and elects to do so   After Mary 1, 2002 Fee will be \$550.00   Tax Mility requirement and elects to do so   Added to Fees (See criterion to back)  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  | -  | 6. Name  | and Address of Current F  | Registered Agent ====================================                                       |             |                   | - : <del>- 7.∞</del> N              | fame and Address of New Rec  | jistered Agen                                 | t:                                   |   |  |
| ### PALLANDALE FL 33009    City   FL   Zip Code  | •  |  |   |   |             | Street Addre      | ss (P.O. B                          | ox Number is Not Acceptable)   |   |                                      |   |  |
| 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.  Signa_TURE  Signa_T   |  |  |   |   |             |                   | <del></del>                         |  |   |                                      |   |  |
| SIGNATURE  9. This corporation is eligible to satisfy his intangible Tax filling requirement and elects to do so.  After May 1, 2002 Fee will be \$\$50.00  After May 1, 2002 Fe | TINCEPUTO  | , LL I L OO  |   |   |             | City              |                                     |  | FL 2  | Zip Code                             |   |  |
| 9. This corporation is elligible to satisfy its Intanglicic Tax filling requirement and elects to do so.   St. EN NAME   STREET ADDRESS   STRE   | 8. The #bove   | named entit  | y submits this statement for  | the purpose of changing its   | register    | ed office or reg  | istered ag                          | ent, or both, in the State of Flori  | da.   |                                      |   |  |
| 9. This corporation is elligible to satisfy its Intanglicic Tax filling requirement and elects to do so.   St. EN NAME   STREET ADDRESS   STRE   | SIGNATI IRE  |  |   |   |             |                   |                                     |  |   |                                      |   |  |
| Tax filing requirement and elects to do so. (See criteria or back)    After May 1, 2002 Fee will be \$550.00     Make Check Payable to Department of State   | orany Tone.  | Signature, typed                                   | or printed name of registered agent a   |   |             |                   | quired when re                      | instating)   | DATE  |                                      |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S   | Tax filing requirement and elects to do so After May 1, 2002 |  |   |   |             | will be \$550.0   |                                     | 1 -  |   |                                      |   |  |
| NAME SIREET ADDRESS CITY-ST-ZIP  FIERO, JOSEPH 201-205 NW 5 AVE. HALLANDALE FL  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIRET ADDRESS CIT   |  |  | OFFICERS AND I  |   | _           |                   | AD                                  | DITIONS/CHANGES TO OFFIC   |   |                                      |   |  |
| TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Addition   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Addition   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CHANGE   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CHANGE   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CHANGE   Addition   NAME   CHANGE   CITY-ST-ZIP   CHANGE   Addition   NAME   CHANGE   CITY-ST-ZIP   CHANGE   Addition   NAME   CHANGE   CITY-ST-ZIP   CHANGE   CITY-ST-ZIP   CHANGE   CITY-ST-ZIP   CHANGE   CITY-ST-ZIP   CHANGE   CITY-ST-ZIP   CHANGE   CHANGE   CHANGE   CHANGE   CHANGE   CITY-ST-ZIP   CHANGE   | NAME<br>STREET ADDRESS                                       | FIERO, JO<br>201-205 1                             | NW 5 AVE.   | ∟ Delete  | NAM<br>STRI | ME<br>EET ADDRESS | 1. Goldings E. Au                   |  |   |                                      | _                                       |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREE   |  | HALLAND  | ALE FL  | ☐ Delete  |             |                   |                                     |  |   | Change                               | Addition                                |  |
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| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT   | TITLE  |  |   | ☐ Delete  |             | -                 |                                     | The second of th | · · · · · · ·                                 | Change ***                           | • ☐ ·Addition ·                         |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z   | STREET ADDRESS   | -  |   |   | STR         | EET ADDRESS       |                                     |  |   |                                      |   |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR   |  |  |   | ☐ Delete  |             | ı                 |                                     |  |   | Change                               | Addition                                |  |
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| STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification of the exemption stated in Section 119.07(3)(i) for the exemption stat   | TITLE  |  | ······································  | ☐ Delete  |             |                   |                                     |  |   | Change                               | Addition                                |  |
| NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and officer or director.   | STREET ADDRESS   |  |   |   | STR         | EET ADDRESS       |                                     |  |   |                                      |   |  |
| STREET ADDRESS 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).  |  | <u> </u>   | · <del></del>   | Delete  |             | I .               |                                     |  |   | Change                               | Addition                                |  |
| 13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information  | STREET ADDRESS   |  |   | _   | STR         | EET ADDRESS       |                                     |  |   |                                      | ļ                                       |  |
| changed, or on an attachment with a address, with all other the empowered.   | 13. I hereby   | L<br>certify that th<br>on this reporporation or t | e information supplied with<br>rt or supplemental resort is<br>ne receiver or true e empo | this filing does not qualify to<br>true and accurate and that<br>wered to execute his repor | or the exe  | emption stated i  | n Section<br>the same<br>607, Flori | 119.07(3)(i), Florida Statutes. I f<br>legal effect as if made under or<br>da Statutes; and that my name   | urther certify that I am as<br>appears in Blo | nat the in<br>n officer<br>ock 11 or | formation<br>or director<br>Block 12 if |  |

AGNA JORGAND APER OF PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:~