4/24 2001 UNIFORM BUSINESS REJORT (UBR) **DOCUMENT # M39544** 1. Entity Name ACCOUNTANT & TAX CONSULTANT, INC. 04-24-2001 90264 039 ***150.00 Principal Place of Business Mailing Address 9701 S.W. 5TH STREET 9701 S.W. 5TH STREET MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2721291 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIGA, JOSE R A CARCICA
O Box Number is Not Acceptable) 9701 S.W. 5TH STREET 9701 S.W. 5th ST MIAMI FL 33174 MIAMI City Zip Code 33174 6. 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 (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Delete TIT! F ☐ Change TITLE NAME GARCIGA, JOSE R NAME STREET ADDRESS STREET ADDRESS 9701 SW 5TH STREET CITY-ST-ZIP CITY+ST-ZIP MIAMI FL DVES Delete TITLE ¥∑ Change ☐ Addition TITLE DPS GARCIGA, HILDA NAME HILDA GARCIGA STREET ADDRESS STREET ADDRESS 97010 SW 5 ST CITY-ST-ZIP CITY-ST-ZIP 9701 S.W. 5th ST MIAMI FL 33174 **MIAMI FL 33174** ☐ Addition ☐ Detete TITLE ☐ Change nne NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7P City-St-ZIP ☐ Change ☐ Addition TIFLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

SIGNATURE: # GARCIGA-PRESIDENT TYPED OR PRIN

May 18, 2001 8:00 am Secretary of State

☐ Change

☐ Change

☐ Addition

☐ Addition