2002 Uniform Business Report (UBR)

13. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the rece changed, or on an attachmer

SIGNATURE:

or trust

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15, 2002 8:00 am Secretary of State M42204 DOCUMENT # 1. Entity Name 03-15-2002 90008 029 ***150 00 9330 PROPERTIES, INC. Principal Place of Business Mailing Address 9330 N.W. 109 ST. 9330 N.W. 109 ST. MEDLEY FL 33178 MEDLEY FL 33178 2. Principal Place of Business 3. Mailing Address 10890 MW So. RIVER DO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0034768 FLA. 33128 MEDLEY, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33178 DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, PETER Street Address (P.O. Box Number is Not Acceptable) 5601 COLLINS AVE APT M6 MIAMI BCH FL 33144 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 Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **VPS** CR2E034 (9/01) TITLE Delete TITLE ☐ Change Addition NAME GARCIA, JORGE J. NAME STREET ADDRESS 9221 S.W. 102 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME GARCIA, PETER NAME 5601 COLLINS AVE, APT M6 STREET ADDRESS STREET ADDRESS MIAMI BCH FL 33144 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE GARCIA, CARIDAD NAME NAME 5601 COLLINS AVE, APT M6 STREET ADDRESS STREET ADORESS MIAMI BCH FL 33144 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GARCIA, PEDRO NAME NAME STREET ADDRESS 5601 COLLINS AVE, APT M6 STREET ADDRESS MIAMI BCH FL 33144 CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport 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 are empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

305-221.725

FILED