FILED

2001 UNIFORM BUSINESS REPORT (UBR)

and Cam

SIGNATURE:

DOCUMENT # M54930 Jan 25, 2001 8:00 am Secretary of State 1. Entity Name ANA C. ESCRICH & ASSOC. INC. 01-25-2001 90124 043 ***150.00 Principal Place of Business Mailing Address PO-BOX-650596 -P.O. BOX 650590 **MIAMI FL 33205** MIAMI FL 33288-0598-UUUU7758 US 3. Mailing Address SW 28 ST Suite, Apt. #, etc. 2. Principal Place of Business 10820 SW 18 ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State mimmi, L City & State 4. FEI Number Applied For 59-2819472 Not Applicable Zip 33165 Country \$8.75 Additional 5. Certificate of Status Desired 33165 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESCRICH, ANA C. Street Address (P.O. Box Number is Not Acceptable) 12715 S.W. 44 TERR. MIAMI-FL-33175-City Jos i Am 1 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. diva (Ererush Ant CESuricular) Ant CESuricular and title if applicable. (NOTE: Registered Agent significant significant 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, 2001 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS ☐ Delete TITLE Change ☐ Addition ESCRICH, ANA C. NAME NAME 10820 SW 285T. -12715 S.W. 44 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL mismi, F. - 33165 CITY-ST-7IP TITLE ☐ Defete TITLE ESCRICH, ANA C. NAME NAME 10820 SW 285T. 12715 S.W. 44 TERR. STREET ADDRESS STREET ADDRESS Inimi, K. - 33165 CITY-ST-ZIP MIAMI-FL CITY-ST-ZIP TITLE ☐ Detete TITLE Addition ALFONSO, NEREYDA NAME NAME 10820 SW 28 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change 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 changed, or on an attachment with an address, with all other like empowered.