2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # M88101 Apr 30, 2001 8:00 am Secretary of State CLASSIC CARRIAGE, INC. 04-30-2001 90333 031 ***150.00 Principal Place of Business Mailing Address %RODRIGUEZ. ELSA 12150 SW 47 ST 12150 SW 47 ST **MIAMI FL 33175** 962697 **MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0078338 Not Applicable Zip Country Zip 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 **ELSA RODRIGUEZ** Street Address (P.O. Box Number is Not Acceptable) 12150 S.W. 47TH STREET **MIAMI FL 33175** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete CR2E034 (10/00) Change ☐ Addition RODRIGUEZ, ELSA NAME NAME 12150 S.W. 47TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7I2 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 fue 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 trusted employment 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 wit n all other like empowered.

Daytime Phone s

RINTED NAME OF SIGNING

SIGNATURE AND TYPED OF