2001 UNIFO[illegible] BUSINESS R[illegible] -RI

FILED
Jul 12, 2001 8:00 am
Secretary of State

04-13-2001 90095 018 ****61.25

DOCUMENT # N00000001529

1. Entity Name

BASKIN & MOORE SHELTER, INC.

OK

Principal Place of Business	Mailing Address
20401 N.W. 2ND AVE, ~~[illegible]~~ MIAMI FL 33169 S#207	20401 N.W. 2ND AVE ~~[illegible]~~ MIAMI FL 33169 S#207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20401 N.W. 2ND AVE #207	20401 N.W. 2ND AVE #207
Suite, Apt. #, etc.: 207	Suite, Apt. #, etc.: 207
City & State: MIAMI, FLA	City & State: MIAMI, FLA
Zip: 33169 Country: DADE	Zip: 33169 Country: DADE,

4. FEI Number: 65-0980877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASKIN, WALTER ~~[illegible]~~ 20401 N.W. 2ND AVE. MIAMI FL 33169 #207.	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: Georgia Washington, President — 4-10-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees (Maybe) (Added to Loss)

Make Check Payable to Department of State (Make Check Payable to Department of State)

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (N/A)		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GEORGIA WASHINGTON 20401 N.W. 2ND AVE S#207 MIAMI, FLA 33169	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ALFRED MILES 20401 N.W. 2ND AVE S#207, MIAMI, FLA 33169,	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE CECELIA DELVA 20401 N.W. 2ND AVE S#207 MIAMI, FLA 33169,	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MAME FLOYD 20401 N.W. 2ND AVE S#207 MIAMI, FLA 33169,	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER BRYON KANNIER 20401 N.W. 2ND AVE S#207 MIAMI, FLA 33169,	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Georgia Washington — 4-10-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #