2004 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # N11000004269 7711 DICKENS AVE., CONDOMINIUM, INC. 01-30-2001 90001 007 ***150.00 Mailing Address Principal Place of Business 7711 DICKENS AVE. #2 7711 DICKENS AVE APT 2 907594 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 US US 2. Principal Place of Business 3. Mailing Address 7711 Dichens are 77/1 Dichers are #2 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 12-6440571 MB. Klorido-MIAMI BEDGE TR. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3141 ÚSA 33141 Fee Required してか 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O.Box Number is Not Acceptable) RODRIGUEZ, VICTOR 7711 DICKENS AVE. #2 MIAMI BEACH FL 33141 Zip Code MB. 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 (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 OFFICERS AND DIRECTORS 11. PD ☐ Addition TITLE ☐ Delete TITLE MODIA, DAVID NAME NAME 7711 DICKENS AVE #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI BCH. FL 33141 ☐ Addition ☐ Change ☐ Delete TITLE TITLE RODRIGUES, VICTOR NAME NAME STREET ADDRESS 7711 DICKENS AVE #3 STREET ADDRESS CITY-ST-ZIP MIAMI BCH. FL 33141 CITY-ST-ZIP STD Addition TITLE Delete 1 TITLE IBOLYA, FILEP K. NAME NAME 7711 DICKENS AVE #3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: