2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENTA PO COOCO 4200 May 03, 2001 8:00 am A+ Realty and Investment, Inc Secretary of State 05-03-2001 90991 039 ***150.00 Principal Place of Business Mailing Address 1506 DE 162 Nd Street 1506 NE 16212d Street U. Hiami Bch, FL 10 Hiami Bch, FL 33162 C00589cn 2. Principal Place of Business 1950: NE 10th Avenue 3. Mailing Address Avenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent hodnauez Jose if ISOG DE IBANGS Street Address (P.O. Box Number is Not Acceptable) Hiamii Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered gent, or both, in the state of Florida. H-18-01 SIGNATURE Make Check Payable to-9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 1705/ごうりて ☐ Change Addition vicsiclent ☐ Delete TITLE TITLE Richnquez NAME 2*0*2C NAME 1506 NE. 162 NOT St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Date