2001 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2001 8:00 am DOCUMENT # P0000005841 **Secretary of State** 1. Entity Name SCRAPBOOK CABANA, CORP. 02-26-2001 90543 025 ***150.00 Principal Place of Business Mailing Address 7537 WEST 4TH LANE 7537 WEST 4TH LANE HIALEAH FL 33014 HIALEAH FL 33014 814776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARDINAS, ISLEM Street Address (P.O. Box Number is Not Acceptable) 7537 WEST 4TH LANE HIALEAH FL 33014 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) 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, CR2E034 (10/00) PD Delete Batista, monica TITLE TITLE NAME BATISTA, MONICA NAME 7031 NW 169 Street STREET ADDRESS STREET ADDRESS 7927 WEST DRIVE #9 miami, FL 33015 CITY-ST-ZIP CITY-ST-ZIP NORTH BAY VILLAGE FL 33141 Change TITLE ☐ Delete TITLE. ☐ Addition NAME PARDINAS, ISLEM NAME STREET ADDRESS STREET ADDRESS 7537 WEST 4TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 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 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP * 🗀 Change ☐ Addition TITLE ☐ Delete TITLE 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

2/17/0

305 386-9776

Daytime Phone #