MAME PARENTE REMIGIO SITRET ADDRESS 7255 N.W. 68 ST., #5 CITY-ST-ZP TITLE D GARCIA CARLOS SITRET ADDRESS 8050 NW 64 ST., BAY NO. 4 CITY-ST-ZP TITLE D MIAMI FL 33166 CITY-ST-ZP TITLE D GARCIA CARLOS SITRET ADDRESS 8050 NW 64 ST., BAY NO. 4 CITY-ST-ZP MIAMI FL 33166 CITY-ST-ZP TITLE MAME SITRET ADDRESS OITY-ST-ZP TITLE MAME SITRET ADDRESS CITY-ST-ZP TITLE MAME SITRET	2001	UNIFO	 ·	-	ILED			 					
THE PARTY OF CONTROL O	1. Entity Nam	e	P00000	008183								I	
2. Principal Place of Butiness some visit. Suite, April 4 etc. Suite,	· ·		·										
Such Apt 8 to Su			FL			FL							
EAX 70.4	•					 ,							
MAINT FL STORY		#, etc.		· ·				DO	NOT WRITE	IN THIS S	SPACE	-	
5. Certificate of Status Desired \$0.17 Address of Current Registered Agent \$7. Name and Address of Now Registered Agent \$7. Name and	MIAMI,	e	FL	•		FL					——————————————————————————————————————	• •	1
ARCIA CARLOS 725 N.W. 68 ST., 75 Steet Address (PC). Box Number is Not Acceptable) Steet Address (PC). Box Number is Not Acceptable. Steet Address	•			33166	Cour	ntry	5.	Certificate of Status	Desired	1 1			
CARCIA CARLOS Steel Address (CP) Door Number is Not Acceptable Steel Address (CP) Door Number is Number i		6. Name and A	Address of Current R	egistered Agent	_		7.	Name and Address	s of New Re	gistered A	\gent		
Signature personal common and 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 person care of egistered agent, or both, in the State of Florida. Signature, typed or person care of egistered agent and the state of Florida. Signature person of the composition of State of Florida. Signature person of the state of Florida. Signature person of the state of Florida. Signature person of State of State of State of Florida. Signature person of State of S						GARCIA Street A	ddress (P.O.	Box Number is Not A	Acceptable)				_
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Squares, speed or priesed ranges or guistered agent and be it applicables. (NOTE: Registered Agent agents are required when mentations) 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11.	8. The above	named entity subn	nits_this statement for	the purpose of changing its	register		registered a	gent, or both, in the	State of Flori		33166		1
Tax filing requirement and elects to do so. (See criteria on back) Common	SIGNATURE _	Signature, typed or printe	d name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signati	re required when	reinstating)	-		<u>/2001</u>	<u></u> -	
TITLE D PARENTE REMIGIO NAME PARENTE REMIGIO NAME PARENTE REMIGIO STREET ADDRESS CITY-ST-ZP MIAMI FL 33166 CITY-ST-ZP MIAMI FL 33166 CITY-ST-ZP MIAMI FL 33186 CITY-ST-ZP MIAMI FL 33166 CITY-ST-ZP MIAM	Tax filing r	equirement and ele	ects to do so.	After MAY 1, 20	01 Fee	will be \$5	50.00						7
MAME PARENTE REMIGIO SITRET ADDRESS OTTY-ST-ZPP NIAMI PL 33166 OTTY-ST-ZPP OTTAILE NAME STREET ADDRESS OTTY-ST-ZPP OTTAILE NAME STREET	11.		OFFICERS AND D	IRECTORS	12.		A	DDITIONS/CHANGE	ES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	1
NAME GARCIA CARLOS SIBEET ADDRESS 10181 S.W. 137TH CT. CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP MIAMI FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL	NAME STREET ADDRESS	PARENTE 7255 N.W. 68 ST			NAM Stri	IE EET ADDRESS					☐ Change	☐ Addition	334 (11/
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	NAME STREET ADDRESS	GARCIA 10181 S.W. 137T		•	NAM STRE	ie Eet address	GARCIA 8050 NW 6			FL		Addition	CR2E
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS			☐ Delete	NAM STRE	ie Eet address					Change	☐ Addition	
NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS			☐ Delete	NAM STRE	EET ADDRESS					Change	Addition	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date	of the cor changed,	poration or the recr or on an attachme	ippierrental report is to a control of the control	rue and accurate and that invered to execute this report the all other like empowered	ny signa as requi	ture shall h red by Cha	ave the same pter 607, Flo	e legal effect as if marida Statutes; and the D 03/14	ade under oa at my name a /2001	th; that I a appears ir	m an office Block 11 c	r or director	

Date

Daytime Phone #