2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 12, 2001 8:00 am Secretary of State DOCUMENT # P0000010615 TIERICH ENTERPRISES, INC. 02-12-2001 90212 032 ***150.00 Mailing Address Principal Place of Business 1890 NORTHWEST 29TH STREET 1890 NORTHWEST-29TH-STREET FORT-LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **PSD** ☐ Delete TITLE TITLE 1001 N.W. 51 Court Fort Landerdale, 7L 33: 1001 N.W. 51 Court Fort Landerdale, 7L 3330 GUERRA-RUBIN, ANTONETTE NAME NAME 1899 NORTHWEST 29TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **EORT LAUDERDALE FL 33311** CITY-ST-ZIP VTD ☐ Delete TITLE NAME RUBIN, NEIL NAME STREET ADDRESS 1890 NORTHWEST 29TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP__ TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE 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-7IP

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: ≥