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				Jan 24, 2003				
DOCUMENT # P0000013724 1. Entity Name GLOMI PROPERTIES, INC.					Secretary of State 01-24-2003 90075 046 ***150.00			
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19955 PORTO VITA WAY 19955 POR APT 1804 APT 1804 AVENTURA FL 33180 AVENTURA US US		ORTO VITA WAY M IRA FL 33180						
Frace of Business	3. Maining Address							
. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKIN	CHECK HERE IF MAKING CHANGES			
te ·	City & State	City & State		4. FEI Number 65-0979812	Applied For Not Applicable			
Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
6. Name and Address of Cur	rrent Registered Agent			7. Name and Address of New Registered	l Agent			
and the second s	-		Name	والتسايين والشيامج فسروا والمراجع المحافظ والمسادين				
			Street Add	ress (P.O. Box Number is Not Acceptable)				
191 STREET								
) 			}					
AVENTURA FL 33180			City		Zip Code			
The state of the s			l ′		┗			
	ent for the purpose of changing it	ts registere	ed office or re	gistered agent, or both, in the State of Florida. I am	n familiar with, and accept			
tions of registered agent.								
Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered	d Agent signature r	equired when reinstating) DATE				
ILE NOW!!! FEE IS \$150.00				**************************************				
				,	\$5.00 May Be Added to Fees			
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1	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN				
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ATENTONA I E 00 100	——————————————————————————————————————			100110051 112 33180				
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	MENT # POOR MENT #	MENT # POOOOOO13724 The ROPERTIES, INC. The of Business PORTO VITA WAY POOOOOO 13724 The ROPERTIES, INC. The of Business PORTO VITA WAY POOOOOO 1995 PORTO VITA WAY APT 1804 AVENTURA FL 33180 The Country Pooloo Poo	MENT # POOOOOO13724 The ROPERTIES, INC. The of Business PORTO VITA WAY POSS PORTO VITA WAY APT 1804 AVENTURA FL 33180 The Country Pooloo Posses P	Mailing Address VITA WAY 19955 PORTO VITA WAY APT 1804 AVENTURA FL 33180 US Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country 6. Name and Address of Current Registered Agent City & State City AFL 33180 City City City AFL 33180 City City	Secretary MENT # POOOOOO13724 PROPERTIES, INC. Inc. Mailing Address 19855 PORTO VITA WAY APT 1804 AVENTURA F1 33180 IS Suite, Apt. #, etc. Check Here is MAKIN Country Country Country Country Country Country Country Country Country Country Country Country Country S. Certificate of Status Desired A. FEI Number 65-0979812 S. Certificate of Status Desired A. FEI Number 65-0979812 S. Certificate of Status Desired A. FEI Number 65-0979812 S. Certificate of Status Desired Country Country S. Certificate of Status Desired A. FEI Number 65-0979812 S. Certificate of Status Desired Country Country S. Certificate of Status Desired A. FEI Number 65-0979812 S. Certificate of Status Desired Country Country S. Certificate of Status Desired A. FEI Number 65-0979812 S. Certificate of Status Desired Country Country S. Certificate of Status Desired A. FEI Number 65-0979812 S. Certificate of Status Desired City Street Address (P.O. Box Number is Not Acceptable) F. A. F. 33180 City Fee S. S. State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida. I an office or registered agent, or both, in the State of Fiorida			

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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 607, 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.

SIGNATURE: _

Daytime Phone #