## FILED Jul 26, 2001 8:00 am 2001 UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # P00000022162 07-26-2001 90008 010 \*\*\*150.00 Profit Choice, Coup. C0074392 17000-303 NW 6745 Ave. 2. Principal Place of Business 78 AVC 3. Mailing Address 17031 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Hiami diami Not Applicable Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -PEREZ BEHAR & ASSOC., P.A. Street Address (P.O. Box Number is Not Acceptable) 13935 NW 1st AVENUE MIAMI, FLORIDA 33168 City Zip Code 8. The above named entity add for the purpose of changing its registered office or registered agent, or both, in the State of Florida 3-14-01 GIGNATURE Aliar MAYA (2001 Feet VIII) bio (550.00) With Check Payable to be partment of Brid. 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. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 Negel Oropesa 18 Ectange 17035 NW 78 Ave. Meyecl Oropesa 1 CR2E034 (11/00) TITLE TILE NAME MAME STREET ADDRESS STREET ADDRESS Miami, F1. 330 N F1.33011 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE -Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIF

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 alphaness, with all other like empowered.

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SIGNATURE: SIGNATURE: PRINTED NAME OF SIGNING OFFICER OF PRINTED NAME OF SIGNING OFFICER OFFICER

## Profit Choice, Corp.

17035 NW 78th Avenue ♦ Miami, FL. 33015 ♦ USA Phone 305-450-1095 ♦ Fax 305-953-9592 attachment Doc# Pacoccoagues

State of Florida Division of Corporations PO Box 1500 Tallahassee, FL. 32302-1500

RE: Profit Choice, Corp. Doc# P00000022162

To whom it may concern:

On March 15th, 2001 I mailed a renewal for the above corporation, since I never received the one from your office my accountant provided me with a blank form that I filled out, I also enclosed the check for \$ 150.00 for the renewal fee and as of today that check has not been cashed yet. I am putting a stop payment to the check and issuing a new one and it is enclosed with this letter along with a copy of the renewal form I sent originally.

If I can be of any further assistance, please do not hesitate to call me at the above numbers.

Sincerely,

Neycel Oropesa

President