2001 UNIFORM BUSINESS REFORT (UBR)

Mar 06, 2001 8:00 am DOCUMENT # P00000042599 **Secretary of State** 1. Entity Name ANTS GARDEN INC. 02-05-2001 90079 014 ***150 00 Principal Place of Business Mailing Address 9133 FONTAINEBLEAU BLVD #4 9133 FONTAINEBLEAU BLVD #4 MIAM! FL 33172 MIAMI FL 33172 28571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE 20 -00 4. FEI Number City & State Applied For City & State 003135 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUJICA, JOHANNA Street Address (P.O. Box Number is Not Acceptable) 9133 FONTAINEBLEAU BLVD #4 **MIAMI FL 33172** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00, May Be Tax filing requirement and elects to do so. ے - After MAY 1, 2001 - Fee: will be \$550.00 ----Trust Fund Contribution: Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete CRZE034 (10/00) TITLE ☐ Change Addition NAME NAME MUJICA, JOHANNA STREET ADDRESS STREET ADDRESS 9133 FONTAINEBLEAU BLVD #4 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33172 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT) F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST- 7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME 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 turther 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. 305-2208730 01-25-01

Date