FILED

| DOCUMENT # P0000048746 IN THE NET. INC. | | | | | Feb 01, 2002 8:00 am Secretary of State | | | |
|---|---|--------------------------------|---------------------------------------|---|--|--------------------------|-----------------------------|--|
| | IE1. 11 40. | | | | 02-01-2002 3002 | 7 009 13 | 0.00 | |
| Principal Place of Business Mailing Address C/O MICHAEL ORTIZ 3184 LA MIRAGE DRIVE 328 MINORCA AVENUE SECOND FLOOR LAUDERHILL FL 33319 CORAL GABLES FL 33134 | | | | | | | | |
| 2. Principal P | Principal Place of Business 84 LA MIRAGE DRIVE 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | HILL, FL | City & State | | 4. 1 | 65-1037546 | — — | pplied For ot Applicable | |
| ^{Zip} 33 | <u> </u> | Zip | Country | 1 | Certificate of Status Desired | \$8.75 Add | | |
| | 6. Name and Address of Current F | Registered Agent | Name | 7. I ، ا⁄رسیسی | Name and Address of New Registere | d Agent | | |
| SLAUM, HANNA Stree 3184 LA MIRAGE DRIVE | | | | Address (P.O. Box Number is Not Acceptable) | | | | |
| LAUDERHILL FL 33319 | | | | <u>, L-r</u> | THINTE DAY | | | |
| | | | City L | Aude | RHILL F | | 319 | |
| 8. The above | named entity submits this statement for | the purpose of changing its r | registered office or | r registered ag | ent, or both, in the State of Florida. | | | |
| SIGNATURE. | HANNA STRUM Signature, typed or printed name of registered agent a | nd title if applicable. | MOL/S Registered Agent Signat | ure required when re | $z = O/-18-\tilde{z}$ pinstating) DATi | 002 | - | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to Di | | | 2 Fee will be \$5 | 550.00 | Election Campaign Financing Trust Fund Contribution. | | 00 May Be d to Fees | |
| 11. | OFFICERS AND I | | 12. | AD | DITIONS/CHANGES TO OFFICERS A | | 2-0 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Slaum, Hanna 3184 La Mirage Drive Lauderhill Fl 33319 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STRU 3184 | M, HANNA LA MIRAGE DRIVE ERHILL, FL 3331 | Change ! G | Addition | |
| TITLE NAME STREET ADDRESS | VP SLAUM, HARRY 3184 LA MIRAGE DRIVE | Delete | TITLE NAME STREET ADDRESS | VP STRUI 3184 U | M, HARRY AMIRAGE DRIVE | ☐ Change | Addition | |
| CITY-ST-ZIP | LAUDERHILL FL 33319 | | CITY-ST-ZIP | LAUDER | PHILL, FL 33319 | ☐ Change | Addition Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | Delete Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | □ change | Addition | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | | | ☐ Change | ☐ Addition | |
| CITY-ST-ZIP TITLE | | ☐ Delete | CITY-ST-ZIP TITLE | | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | 1 | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | 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. SIGNATURE: Old A 2002 | | | | | | | | |
| SIGNAT | | INTED NAME OF SANING OFFICER O | PRESECTOR | C . | Date Date | Daytime Phone # | | |