2001

DOCUMENT # P00000060574

1. Entity Name

Forms Corporation

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90166 017 ***150.00

Principal Place of Business	Mailing Address
1550 Madruga Ave. Suite 240 Coral GAbles, FL 33146	c/o Paul A. Garcia, CPA 1550 Madruga Ave. #240 Coral Gables, FL 33146

2. Principal Place of Business	3. Mailing Address
1550 Madruga Ave.	1550 Madruga Ave.
Suite, Apt. # etc.: Suite 240	Suite, Apt. #, etc.: Suite 240
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1022691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Paul A. Garcia

Street Address (P.O. Box Number is Not Acceptable): 1550 Madruga Ave., Suite 240

City: Coral Gables FL Zip Code: 33146

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 ______________________ 4/23/01

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Guillermo Contreras 2962 NW 109 Terr. Sunrise, FL 33322 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Faez G. Kebe 1550 Madruga Ave., #240 Coral Gables, FL 33146 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Josefa Contreras 2962 NW 109 Terr. Sunrise, FL 33322 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: ______________________ 4/23/01 (305)662-7313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #