2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # P0000076592 **EXECUTIVE SERVICE REALTY INC.** 05-16-2001 90268 005 ***150.00 Principal Place of Business Mailing Address 2424 SW 137TH AVE. 2424 SW 137TH AVE. MIAM! FL 33174 MIAMI FL 33174 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 45-10. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MIRABAL, ADOLFO C Street Address (P.O. Box Number is Not Acceptable) 2424 SW 137TH AVE. **MIAMI FL 33174** City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE MIRABAL, ADOLFO C NAME NAME STREET ADDRESS 2424 SW 137TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** ☐ Addition Change VD TITLE ☐ Delete TITLE CARRILLO. ERNESTO NAME NAME STREET ADDRESS 2424 SW 137TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE 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 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 an address, with all other like empowered. changed, or on an attachment with