FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # POODOO019221 1. Entity Name

Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90112 040 ***150.00

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City & Spirit Multiple City Street Additional Fee Required Zip 33139 Country S. Zip 33139 Country S. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable). IN THIS SPACE By The above named onity submittent's statement to the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered organizations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered organizations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered organizations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered organizations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered organizations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligat	2. Principal Place of Business 2007	3. Mailing Address 20 M		
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Name Lines to Courtes Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City MIRMI Bench FL Zio Code B 3 1 2 0 3 7 #Z/I City MIRMI Bench FL Zio Code The above named entity submitsentis statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent are an expected agent per fire of stopping the registered Agent significant registered Agent significant registered Agent significant registered Agent significant registered when registered when registered when registered when registered Agent significant regi	Zip 33139 Country H.S.	Zip 33/39 Country 4 S	5. Certificate of Status Desired \$8.75 Additional	
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8. The above named entity submissatis statement to the outpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, byped or promyt name of included agent portions. (NOTE: Registered Agent signature required when renationary) January 1 - May / Fee le \$150.00			Address (P.O. Box Number is Not Acceptable)	İ
8. The above named entity submits his statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or protof name of incherted agent god title if applicable. (NOTE: Registered Agent signature required when renationing) DATE 1. January 1 - May / Fee Js \$150.00 After May 1, Kee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY - ST-2IP TITLE NAME	IN THIS SP	ACE 3	31 2091#211	
SIGNATURE Signature. typed or printy/k name of registered agent and title if applicable. January 1 - May / Fee Is \$150.00 After May 1, Fee Is \$150.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE		City	MIAMI BEACH FL Zip Code	20
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STREET ADDRESS CITY-ST-ZIP 12. 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	STREET ADDRESS City-St-Zip	STREET ADDRESS CITY-ST-ZIP		* 1

indicated on this report or adoptemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address. With all original like expowered. EnlegTo Conges.

SIGNATURE: