FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 15, 2001 8:00 am DOCUMENT # P00000082825 **Secretary of State** MIRROR MIRROR ON THE WALL, INC. 02-15-2001 90080 038 ***150.00 Principal Place of Business Mailing Address 8475 S.W. 103RD ST. 8475 S.W. 103RD ST. MIAMI FL 33156 MIAMI FL 33156 DOOTILO 2. Principal Place of Business Mailing Address 7386 S.W. 56 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI 4. FEI Number Applied For APPLIZO Not Applicable Countr \$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 HAN .- LORENZO-Street Address (P.O. Box Number is Not Acceptable) 8475 S.W. 103RD ST. MIAMI FL 33156 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete Drainent TITLE TITLE Addition VILLAR, OLEANA NAME NAME STREET ADDRESS 4380 S.W. 108TH AVE STREET ADDRESS 8475 5.W. 103 St MIAMI, Ft. 3315 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** TITLE U. Prasinunt Addition Delete HAN, LOPPNZO 8925 S.W. 1035T MIAMI, Fl. 33NG HAN. LORENZO NAME NAME STREET ADDRESS 8475 S.W. 103RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS 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 ☐ 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 changed, or on an attachment with an address, with all other like empowered.