2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 30, 2002 8:00 am Secretary of State P00000087409 DOCUMENT # 1. Entity Name 04-30-2002 90213 022 ***150 AL GREEMY SERVICES, INC. Mailing Address Principal Place of Business 301 NE 14TH AVE., #603 301 NE 14TH AVE., #603 HALLANDALE FL 33009 HALLANDALE FL 33009 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1058131 Not Applicable 5. Cértificate of Status Desired - - - \$8.75, Additional ___ ے جے جاتے۔ جنے Zip ہے۔ _Country_____C -- Country: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIDESCU, MARIA Street Address (P.O. Box Number is Not Acceptable) 301 NE 14TH AVE., #603 HALLANDALE FL 33009 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. TITLE RA ☐ Delete TITLE NAME NAME DAVIDESCU, MARIA STREET ADDRESS 301 NE 14TH AVE STE 603 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME GRECU, ION STREET ADDRESS STREET ADDRESS 301 NE 14TH AVE STE 603 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009* ☐ Change [] Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 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 ☐1 Change Addition ☐ Delete TITLE 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.

FILED