TITLE MAME TROLA MICHELE MILAMI 146 NW 97 A VE MILAMI 170 Delete M		ie	0091444	RT (UBR)	FILED Apr 23, 2001 08:00 A Secretary of State	. M
2. Principal Place of Business 3. Mailing Address 5. Mailing Address 6. Name and Address of Current Registered Agent 7. Name and Address of Ever Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address o	•				<u> </u>	
Suite, Apt. #, etc. Copy & State County Zip County Suite C5-1043143 Applied For Applied For Applied For C5-1043143 Nort Applied For		FL		FL		
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DALE PARKA JUDITH 1445 NW 97 AVE DALE PARKA JUDITH DALE PARKA	Zip 	Country	Zip	Country	5. Certificate of Status Desired 🔀 \$8.7	5 Additional
S. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE ### COTTE. Registered Agent Eighture required when reluctating) 9. This corporation is eligible to sastsy its Intangible Task filting requirement and elects to do so. 10. This corporation is eligible to sastsy its Intangible Task filting requirement and elects to do so. 11. OPFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PARIAM MICHELE 11. OPFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PARIAM MICHELE 11. STREET ADDRESS	1465 NW 97 AVE MIAMI FL		FL	DAL FARRA Street Addres: 1465 NW 97 A	s (P.O. Box Number is Not Acceptable) VE	n Code
TITLE TROLA MICHELE STREET ADDRESS TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME ST	SIGNATURE . 9. This corpo Tax filing r	JUDITH DAL FARR Signature, typed or printed name of registered ages pration is eligible to satisfy its Intangib requirement and elects to do so.	A (NOTE and title if applicable. (NOTE After MAY 1, 20)	Registered Agent signature requi	ired when reinstating) OATE 10. Election Campaign Financing Trust Find Contribution	\$5.00 May Be
TROIA MICHELE TROIA MICHELE TAGE TROIS THE ADDRESS	11.	OFFICERS ANI	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS 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. SIGNATURE: _MICHELE TROIA P 04/23/2001	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	□ c	hange
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	of the cor changed,	or on an attachment with an address URE:MICHELE TROIA	is true and accurate and that in powered to execute this report , with all other like empowered.	ny signature shail have the as required by Chapter 6	ne same legal effect as if made under oath; that I am an 1007, Florida Statutes; and that my name appears in Block P 04/23/2001	officer or director

Date

Daytime Phone #