FROM : FAX NO. : Jun. 05 2001 01:47PM P4

3/15/01-90004-004-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 OCT 26 PM 12:19

DOCUMENT # P00000117141

1. Entity Name

PINO BAIL BONDS INC.

Principal Place of Business	Mailing Address
1399 NW 17TH AVE., STE. 305-A MIAMI FL 33125	1399 NW 17TH AVE. STE. 305-A MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	8520 NW. 33AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI FL
Zip / Country	Zip 33147 / Country USA

4. FEI Number 65-1072644 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINO, MARIA
1399 NW 17TH AVE., STE. 305-A
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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] MARIA E. PINO DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT (MARIA E. PINO) 8520 NW 33AVE MIAMI FL 33147 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] (305) 326-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FERRO, HOLMAN, SWART & Co.

Certified Public Accountants
4960 S. W. 72nd Avenue, Suite 304
Miami, Florida 33155
Voice (305) 669-7999 Fax (305) 669-1005
Voice (305) 567-0070 Fax (305) 567-0073

September 28, 2001

Florida Dept of Revenue
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Ref.: P00000117141 / Pino Bail Bonds Inc.

Dear Fla Dept of Revenue:

Enclosed is another copy of the annual report filed which reflects the officers and directors as follows:

Sole Director:	Maria Pino, 8520 NW 33rd Ave., Miami FL 33147
President	Maria Pino, 8520 NW 33rd Ave., Miami FL 33147
Secretary	Maria Pino, 8520 NW 33rd Ave., Miami FL 33147
Treasurer	Maria Pino, 8520 NW 33rd Ave., Miami FL 33147

Hopefully, this will correct the records so that my corporation can be returned to active status. Please do not hesitate to contact me if you need any additional information. Thank you in advance for your help.

Sincerely,

Donna Holman CPA

Donna Holman C.P.A.