2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State P01000000800 DOCUMENT # 1. Entity Name A.R.F. ALL MARKET, INC. 05-23-2002 90067 045 ***158.75 Principal Place of Business Mailing Address 10302 N.W. 9TH STREET CIRCLE 10302 N.W. 9TH STREET CIRCLE **UNIT 200 UNIT 203** MIAM1 FL 33172 **MIAMI FL 33172** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country **\$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 RODRIGUEZ, AMADO J Street Address (P.O. Box Number is Not Acceptable) 10302 N.W. 9TH STREET CIRCLE **UNIT 203 MIAMI FL 33172** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be s://Tax;filing:requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ge (See criteria on back) Make Check Payable to Department of State 11000 otta mar blimbar . Likis ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) ☐ Delete TITLE RODRIGUEZ, AMADO J NAME NAME 10302 N.W. 9TH STREET CIRCLE STREET ADDRESS STREET ADDRESS CIFY-ST-ZIP 💠 MIAMI FL 33172 --CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP TITLE TITLE . ☐ Change ☐ Addition NAME NAME ~

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPE OF PRINTED AND OF SIGNING OFFICE OF DIRECTOR

04/30/02

305-480-9468

Daytime Phone #

FILED