2002 Uniform Business Report (UBR)

SIGNATURE: '

May 24, 2002 8:00 am Secretary of State P01000011737 **DOCUMENT #** 1. Entity Name 04-03-2002 90196 019 ***150.00 DISCOUNT SPEED SERVICE, INC. Principal Place of Business Mailing Address P.O. BOX 526122 P.O. BOX 526122 MIAMI FL 33152 MIAMI FL 33152 2. Principal Place of Business 3. Mailing Address 6595 NW 36th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 304 City & State City & State 4. FEI Number Applied For Victiona Gaiden HC 65-1096862 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U. 5. A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent plane Jean BLANC, JEAN R Street Address (P.O. Box Number is Not Acceptable) 19409 N.W. 14TH PINE BLVD. PEMBROKE FL 33023 Hialeah Zip Code 32015 8. The above named entity mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. President & General Munager SIGNATURE (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Mesident & General Manager TITLE ☐ Delete TITLE Change . . . Addition (9/01) BLANC, JEAN R Blanc Jean R NAME STREET ADDRESS 19409 N.W. 14TH ST PINE BLVD. 18210 Mediterranean Blvd Apt 2007 STREET ADDRESS CITY-ST-7IP PEMBROKE FL 33023 CITY-ST-ZIP Hialeah Vice Tresident Blanc Mathieu TITLE Delete TITLE BLANC, MATHIEU NAME NAME 2 RUE WAAC STREET ADDRESS STREET ADORESS 2 Rue Waag Algo #2 Port-au-Bruce, Hait CITY-ST-ZIP PORT -AU- PRINCE, HAITI CITY-ST-ZIP Vice President & Manager Change Addition TITLE ☐ Delete TITLE NAME Elsie Blanc NAME STREET ADDRESS 18210 Mediterianean Blvd Apt 2009 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P FL 530N ☐ Delete IIII E ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST.ZIP. ☐ Defete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 reported free 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 sistes 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 a padgress, with all other like empowered.

FILED