FROM : MANUEL MESA MBA PHONE NO. : 5925143 Apr. 29 2002 06:19AM P1

FILED

02 MAY -6 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025854

1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3300 N.E. 192 ST
Suite, Apt. #, etc.: APT 709
City & State: MIAMI, FL.
Zip: 33180 Country: MIAMI-DADE

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1084728 Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name: BECKER, LAURA
Street Address (P.O. Box Number is Not Acceptable): 3300 NE 192 ST. APT. 709
City: MIAMI FL Zip Code: 33180

DO NOT WRITE IN THIS SPACE

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] 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	BECKER LAURA
STREET ADDRESS	3300 NE 192 ST. APT. 709
CITY-ST-ZIP	MIAMI, FL. 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034E (12/01)

200005552093--0
05/15/02--01050--028
*****150.00 *****150.00

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/02 305-792-9688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DS 5/17/02