2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

May 09, 2002 8:00 am Secretary of State P01000033194 DOCUMENT # 1. Entity Name TAMIAMI LEGAL, INC. OF KENDALL 05-09-2002 90034 014 ***150.00 Principal Place of Business Mailing Address 13724 NORTH KENDALL DRIVE 13724 NORTH KENDALL DRIVE 851104 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 13724 No. KEN DALL M. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI 65109 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 Name FERNANDEZ, MARY E Street Address (P.O. Box Number is Not Acceptable) 14329 S.W. 62ND STREET MIAMI FL 33183-1903 City Zip Code FL 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition Change FERNANDEZ, MARY E W NAME NAME 13724 NORTH KENDALL DRIVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition VSD VARONA, TANIA NAME NAME 13724 NORTH KENDALL DRIVE Fernandez, Mary E, STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 13724 North Kendall Drive CITY-ST-ZIP Miami, F1 33186 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME 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-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED