FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 11, 2002 8:00 am P01000038283 DOCUMENT # Secretary of State 1. Entity Name H.L. INTEGRAL SERVICE, INC. 06-11-2002 90396 041 ***150 00 Mailing Address Principal Place of Business 625 - 77TH STREET #33 625 - 77TH STREET #33 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address 55 AV 18700NW 18700 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State PA WCKA MIAMI 4. FEI Number 5-1095686 PALOCKA MUMI Not Applicable \$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 HU GO Lucero ELUCERO, HUGO Street Address (P.O. Box Number is Not Acceptable) 625 - 77TH STREET #33 18700 NW MIAMI BEACH FL 33141 statement for the Jourpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named er SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)LUCERO HUGO 18700 NW 55 DV OPA LOCKA MIAMI FL Change ☐ Delete TITLE TITLE LUCERO, HUGO NAME NAME STREET ADDRESS 625 - 77TH STREET #33 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 fluctuate of providing the proposed 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 corporation of the corporation of the

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

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SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

6-05-2002

*3*05/401-5226

☐ Change

☐ Addition

Daytime Phor

Affachment

MIAMI 6/05/2002

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TO WHOM IT MAY CONCERN.

ENCLOSED FIND PAYMENT IN THE AMOUNT OF \$150.00 MADE OUT TO DIVISION OF CORPORATIONS. THE DOCUMENT WAS SENT TO THE WRONG ADDRESS, THEREFORE I DID NOT GET IT UNTIL THE LAST WEEK OF MAY. PLEASE EXCUSE THE DELAYED PAYMENT AND MAKE SURE TO CORRECT THE INFORMATION ENCLOSED.

TANKS HUGOÆUCERO