2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 08, 2002 8:00 am Secretary of State DOCUMENT # P01000040853 1. Entity Name 09-08-2002 90126 001 ***150.00 B & S INTERNATIONAL INVESTORS, CORP. Principal Place of Business Mailing Address 2401 S.W. 128 CT 2401 S.W. 128 CT **MIAMI FL 33175 MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country 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 🏿 AMIREZ, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 2401 S.W. 128 CT **MIAM! FL 33175** City 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11-OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ENRIQUE RAMINE 1 TITLE **Addition** NAME STREET ADDRESS 74015W 128 CT STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP TITLE ENRIQUE RAMINE JA Delete TITLE ☐ Change NAME NAME 2401 SW 128CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition

918550 Httachmest State of the Dept Stale Re: Da PO 100004085 B & S INTLINV. CURP Gentlemen: Dease check that the first time he reserved this Form is this time (date 8-8-02) It is am understanding there our accountant that in the fearning of the fear he should have reserved me Form fr \$ 100. WE NEVER RECEIVED this FORM, Weare perspectfully requesting that. Do soe may continue using this OOLP. Thank you very never ENRIAUE RAMINTO Legaçant