2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Jul 15, 2002 8:00 am Secretary of State P01000041255 DOCUMENT # 04-22-2002 90220 023 ***158.75 1. Entity Name MCAPOSTOLO ENTERPRISES, INC. Principal Place of Business Mailing Address 97188 11410 SOUTHWEST 88TH STREET 11410 SOUTHWEST 88TH STREET SUITE 202 SUITE 202 MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 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 APOSTOLO, MAURICIO C Street Address (P.O. Box Number is Not Acceptable) 11377 SOUTHWEST 84TH LANE **MIAMI FL 33173** City Zip Code 8. The above named entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. mauricio [. Apostolo SIGNATURE 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 Fe (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 CR2E034 (9/01) ☐ Change ☐ Addition APOSTOLO, MAURICIO C NAME NAME STREET ADDRESS 11377 SOUTHWEST 84TH LANE STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIE CITY-ST-218 TITLE TITLE ☐ Delete Channe Addition NAME APOSTOLO, MARIA E NAME STREET ADDRESS 11377 SOUTHWEST 84TH LANE STREET ADDRESS CITY-ST-7F MIAMI FL 33173 CITY-ST-ZIP TITLE = - Delete TITLE ☐ Change ☐ Addition NAME APOSTOLO, MAURICIO NAME STREET ADDRESS 11377 SOUTHWEST 84TH LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-SY-ZIP mr POSTOLO, ERNESTO Change & 9390 Collins Ase # 904 miam; FL 37/60 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ 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 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 of 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

FILED