2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Jan 15, 2002 8:00 am Secretary of State P01000046980 **DOCUMENT #** 1. Entity Name CISCO SUPPLY CORPORATION 01-15-2002 90069 012 ***158.75 Principal Place of Business Mailing Address 10040 S.W. 146TH CT 10040 S.W. 146TH CT MIAMI FL 33186 MIAMI FL 33186 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 65-1101768 Not Applicable Zip Country Žip 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 HERNANDEZ. ANDRES J Street Address (P.O. Box Number is Not Acceptable) 10040 S.W. 146TH CT MIAMI FL 33186 City Zip Code 8. The above named entity subryits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE TE: Registered Agent signature required when reinstating) DATE 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 12 **PSTD** CR2E034 (9/01) TITLE TITLE ☐ Addition □ Delete HERNANDEZ, ANDRES J NAME NAME 10040 S.W. 146TH CT STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change 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 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME 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 TITLE ☐ Delete TITLE ☐ 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

J. HEENANDEZ JANUARY 7TH, 2002 305-904-0544
DIRECTOR Dayling Phone #

FILED