FILED Sep 19, 2002 8:00 am Secretary of State

09-09-2002 90012 024 ***558.75

2002	UNIFORM	BUSINESS	REPORT	(ÚBR)

DOCUMENT# P01000051572 SOCARRAS HR CONSULTING, INC. Principal Place of Business Mailing Address 808 CRESTVIEW CIRCLE **808 CRESTVIEW CIRCLE** WESTON FL 33327 WESTON FL 33327 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 651108050 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent =ROSENTHAL, ALEX P.ESO. Street Address (P.O. Box Number is Not Acceptable) REIMER & ROSENTHAL LLP 2115 N. COMMERCE PARKWAY WESTON FL 33326 City 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 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 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition Socarras NAME NAME STREET ADDRESS estriew Circle STREET ADDRESS CR2E034 CITY-ST-ZIP CITY-ST-7IP TITLE 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 . -TITLE ☐ 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 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 filling 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 12 if changed, or on an attachment with an address with all other like empowered.

QUIRED

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 12, 2002

SOCARRAS HR CONSULTING, INC. 808 CRESTVIEW CIRCLE WESTON, FL 33327

SUBJECT: SOCARRAS HR CONSULTING, INC.

Ref. Number: P01000051572

99714

We have received your document for SOCARRAS HR CONSULTING, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

We are unable to waive or reduce the late fee. The corporation received the corporate annual report/uniform business report and notice that failure to file the report by May 1 would result in a \$400.00 late fee.

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 902A00043335