FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90157 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1006J103

DOCUMENT # P01000063763

1. Entity Name
2654, INC.

Principal Place of Business	Mailing Address
1717 N. BAYSHORE DR., #A-2655 MIAMI, FL 33132	1717 N. BAYSHORE DR., #A-2655 MIAMI, FL 33132

2. Principal Place of Business	3. Mailing Address
720 NE 69 ST	720 NE 69 St
Suite, Apt. #, etc. UNIT 7N	Suite, Apt. #, etc. UNIT 7N
City & State Miami FL	City & State Miami FL
Zip 33138 Country	Zip 33138 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1116554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELBEKE, JEAN LOUIS
1717 N. BAYSHORE DR., #A-2655
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name DELBEKE, Jean-Louis
Street Address (P.O. Box Number Is Not Acceptable) 720 NE 69 St UNIT 7N
City Miami FL Zip Code 33138

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] 04/08/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELBEKE, JEAN LOUIS 1717 N. BAYSHORE DR., #A-2655 MIAMI, FL 33132 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jean-Louis Delbeke 720 NE 69 ST 7N Miami 33138 FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/08/03 305 305 0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #