FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 10, 2002 8:00 am Secretary of State

DOCU	MENT# PO1∞	0071869	04-1	04-10-2002 90669 004 ***150.00			
1. Entity Nam	MENT# P0100 Rex Consult	c					
		<i>J</i> /					
	DO NOT WOITE	IN TUIC C					
DO NOT WRITE IN THIS SPACE					B0064735		
2. Principal Place of Business 5743 NW 114 Path		3. Mailing Address 5743 NW 114 Path					
Suite, Apt. #, etc.		Suite, Apt. #, etc. / 02		DO NO	DO NOT WRITE IN THIS SPACE		
City & State Miami Florida		City & State		4. FEI Number	3002	Applied For	
Zip	Country	Miami,	Country US	I S. Cermicate of Status De:	sired	Not Applicable 5 Additional	
_33/7	B USA (Mami 1)4	(b) 33178	Mlani - Da	7. Name and Address of C	Fee R	equired rt	
	DO NOT W	Torge A. Mon-	ge A. Montero				
	DO NOT WI	ess (P.D. Box Number is Not Acci フィ3 かん になる	eptable) ピートル				
IN THIS SPACE							
City Miani - FL Zip Code 33/78							
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.							
SIGNATURE Signature: Typed of printed name of registered eigent and site if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE							
January 1 May 1 Fee is \$150.00							
Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Trust Fund Contribution. Make Check Payable to Department of State							
11.	OFFICERS AND D						
TITLE NAME	- President	·	TITLE TO A	The Court of the Manager and M		10%	
STREET ADDRESS	- Forge A. Montes	/O	STREET ADDRESS			2 6	
CITY-ST-ZIP	- 5743 NW 114/4th		CITY ST-ZIP				
TITLE NAME	- Treasurer - Brenda Renta	_ Montero	NAME		ு இருக்கிற்கள் இது இருக்கிற்கள்	È	
STREET ADDRESS CITY-ST-ZIP	- Trasurer - Brenda Plenta -5743 AM MAHA Mani, Fland	unit 102	STREET ADORESS				
TITLE	110000	1 221 /10	tine				
NAME STREET ADORESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY ST ZIP		T WRITE		
NAME .	·		NAME TO THE	IN.THI	SFSPACE		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHY, ST. ZIP				
TITLE			unt .				
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	L		CITY-ST-ZIP				
TITLE NAME			TUTLE .		And the second of the second o		
STREET ADDRESS			STREET ADDRESS		A commence of the second		
CITY-ST-ZIP	certify that the information supplied with t	his filing does not qualify for	the exemption stated	in Section 119.07(3)(i). Florida Sta	itutes. I further certify tha	t the information	
13. Thereby 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 on an attachment with an address, with all other like empowered.							