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DO NOT WRITE IN THIS SPACE         Enricipal Plots of Business       3. Mailing Address         State A. 4 ele       State A. 4 ele         North Miami, Florida       Oth A State         Chr & State       Chr & State         2013 (1)       Country         2013 (2)       Country         2014 (2)       State A. 4 ele         0       Country         2013 (2)       Country         2013 (2)       Country         2013 (2)       Country         2014 (2)       Country         2015 (2)       Country         2016 (2)       Country         2016 (2)       Country         2017 (2)       Country         2018 (2)       Country         2018 (2)       Country         2019 (2)       Country         2019 (2)       Country         2010 (2)       Country         2010 (2)       Country         2011 (2)       Country         2011 (2)       Country         2011 (2)       Country						SECRETARY OF STATE		
Stude, A.J. 4, etc.         Do Not Write N 1445 SPACE           Over M Marmi, Florida         City & Stare         City & Stare         Do Not Write N 1445 SPACE           Zo         Country         Zip         Country         S. Centificate of Status Desired         Stat. 75, Additional Pace Response           Zo         Country         Zip         Country         S. Centificate of Status Desired         Stat. 75, Additional Pace Response           Zo         Country         State Additional Desired         State Additional Desired         State Additional Desired           DO NOT WRITE IN THIS SPACE         Country         State Additional Desired         State Additional Desired           In the obsee named energy scores (in the statement for the purples of the additional Desired AdditionalDesintexes           Addit Addi		· · · · · · · · · · · · · · · · · · ·		• 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1				
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Zor 33161       Country USA       Zor 33161       Country USA       S. Certificate of Status Desired       S. 75 Additional Areadowed         DO NOT.WRITE IN THIS SPACE				<u> </u>	4. FEI Number	753031841		
Name     Institution     Per Required       DO NOT WRITE IN THIS SPACE     Name     Andress of Current Registered Agent       Name     Name     Name     Name       In THIS SPACE     Second State     Second State       The above ramed entry submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I and tareliate with and accept the objection of the approximation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I and tareliate with and accept the objection of the approximation of the approxima		1			·		\$8.75 Additional	
BONOT WRITE IN THIS SPACE      Street Address (2.0. Box Number is Not Acceptable)      Istee Address (2.0. Box Numbe	3161	USA	33161		7. Name and Ac	dress of Current Register		
IN THIS SPACE       Isson NW 67th Ave., #201         City Miami       FL       Zip Code         Status       The above named entry submits bits statement for the purpose of changing its registered agent, or both, in the State of Porda. I an familier with, and accept the chigations of reactive of regulations of reactive of reactive of reactive of reactive of r								
In the objective of the constant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I and families with, and accept the objections of registered agent, or both, in the State of Florida. I and families with, and accept the objections of registered agent. Or both, in the State of Florida. I and families with, and accept the objections of registered agent. Or both, in the State of Florida. I and families with, and accept the objections of registered agent. Or both, in the State of Florida. I and families with, and accept the objections of registered agent. Or both, in the State of Florida. I and families with, and accept the objective of the constant of State.      The above named entry submits the isstered signed families of the objective of the constant of State.      President     OFFICE: NAULE INFORMATION INFOR	ະໝາວ ເ ຊ			Street A	Address (P.O. Box Number	is Not Acceptable)		
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EEE ADDRESS Airamar, Florida 33025       Sinter ADDRESS Wiramar, Florida 33025       Sinter ADDRESS UTY-ST-2P       IDJ/30/U301010014       ## 750.00         E       Vice President Karinne A. Fleming 3300 Onyx Road Miramar, Florida 33025       ITTE SINTER ADDRESS CITY-ST-2P       ITTE IDJ/30/U301010015       ##17.50         Secretary Karrine A. Fleming 3300 Onyx Road Miramar, Florida 33025       ITTE IDJ/30/U301010015       ##17.50         E       Secretary Karrine A. Fleming 3300 Onyx Road Miramar, Florida 33025       ITTE ITTE IDJ/30/U301010015       ##17.50         E       Secretary Karrine A. Fleming 3300 Onyx Road Miramar, Florida 33025       ITTE ITTE ITTE SINET ADDRESS CITY-ST-2P       ITTE IDJ/30/U301010015       ##17.50         E       Cynthia A. Henry 33300 Onyx Road Miramar, Florida 33025       ITTE IDJ/SINCHARSS CITY-ST-2P       IDD NOT WRITE         E       ITTE SINET ADDRESS SIT-2P       ITTE IDJ/SINCHARSS       IDJ/SINCHARSS CITY-ST-2P       IDJ/SINCHARSS         E       ITTE SITE P       ITTE IDJ/SINCHARSS       ITTE IDJ/SINCHARSS       IDJ/SINCHARSS       IDJ/SINCHARSS         SIT-2P       ITTE IDJ/SINCHARSS       ITTE IDJ/SINCHARSS       ITTE IDJ/SINCHARSS       IDJ/SINCHARSS       IDJ/SINCHARSS         SIT-2P       ITTE IDJ/SINCHARSS       ITTE IDJ/SINCHARSS       IDJ/SINCHARSS       IDJ/SINCHARSS       IDJ/SINCHARSS         SIT-2P	ke Check	Amended UBRIIs \$61.25 Payable to Florida Department of OFFICERS AN President	D DIRECTORS		Trus	Fund Contribution.	Added to Fees	
LE       Vice President         Karinne A. Fleming 3300 Onyx Road         Miramar, Florida 33025         V-ST-2P         LE         Secretary         Karrine A. Fleming 3300 Onyx Road         Miramar, Florida 33025         UTUE         Karrine A. Fleming 3300 Onyx Road         Miramar, Florida 33025         V-ST-2P         Karrine A. Fleming 3300 Onyx Road         Miramar, Florida 33025         Treasurer         Cynthia A. Henry 33300 Onyx Road         Miramar, Florida 33025         V-ST-2P         LE         Miramar, Florida 33025         The florida 33025         UTUE         NaME         SIRET ADDRESS         V-ST-2P         LE         Miramar, Florida 33025         UTUE         Miramar, Florida 33025         UTUE         Nime         SIRET ADDRESS         V-ST-2P         LE         LE         Miret ADDRESS         V-ST-2P         LE         LE         Not SIRET ADDRESS         V-ST-2P         LE	REET ADDRESS		пух коао	STREET ADDRESS	1U/30/	·U3UIU1UUI+	∔ **/50.00	
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ME     Cynthia A. Henry 33300 Onyx Road     NAME     INTITIO SPACE       HET ADDRESS Y-ST-ZIP     Cynthia A. Henry 33300 Onyx Road     NAME     STREET ADDRESS       Y-ST-ZIP     CITY-ST-ZIP     Affile       LE     Affile     STREET ADDRESS       Y-ST-ZIP     STREET ADDRESS     STREET ADDRESS       KE     STREET ADDRESS     STREET ADDRESS       Y-ST-ZIP     STREET ADDRESS     STREET ADDRESS       LE     NAME     STREET ADDRESS       Y-ST-ZIP     STREET ADDRESS     STREET ADDRESS       LE     NAME     STREET ADDRESS       Y-ST-ZIP     STREET ADDRESS     STREET ADDRE	ME NEET ADDRESS	Karrine A. Fleming 3300	Onyx Road	NAME STREET ADDRESS CITY- ST-ZIP	······			
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ME REET ADDRESS IY-ST-ZIP 2. 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 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 on an	ME Reet address TY-ST-ZIP			NAME STREET ADDRESS CTTY-ST-ZIP		u		
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 on an	ME Reet address Y-St-Zip			NAME Street address City-St-Zip				
Attachment with an address, with all other like empowered.	<ul> <li>Lhereby r</li> </ul>	on this report or supplemental report	is true and accurate a	nd that my signature shall h	ave the same legal effect a	is if made under oath; that I	am an officer or director	