2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P01000086728 DOCUMENT # 05-05-2003 90314 018 ***150.00 ORLANDO SUAREZ, INC. Principal Place of Business Mailing Address 3610 SW 106 AVE PO BOX 653237 MIAMI FL 33165 **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address 14211 SW Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES EZI Applied For City & State 4. FEI Number FLORIDA FLORIDA 65-1132660 Uppni Not Applicable Zip 33186 Country \$8.75 Additional 5. Certificate of Status Desired \Box Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUAREZ, ORLANDO E Street Address (P.O. Box Number is Not Acceptable) 3610 SW 106 AVE 142 11 5w 88 **MIAMI FL 33165** 8. The above named entity submits this statement 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 (NOTE: Registered Agent signature required when reinstating) ment and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5:00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT Change DITLE TITLE ☐ Addition ORCANDO E. SUAREZ SUAREZ, ORLANDO E NAME NAME 14211 SW 884 St - Nº EZ11 3610 SW 106 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-7IP MIAMI - FL - 33/86 ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance 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 TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition

12. I hereby certify that the information supplied with this filing coes 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED