## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State P01000097259 DOCUMENT # 1. Entity Name 11 CREDIT CORP 05-22-2002 90148 018 \*\*\*150 00 Principal Place of Business Mailing Address 15771 SW 104 TERR 15771 SW 104 TERR SUITE 201 SUITE 201 MIAMI FL 33196 MIAMI FL 33196 Principal Place of Business 3. Mailing Address 12966 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State MALL Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LA GRAVE, KENNETH 10527 SW 147TH CT MIAMI FL,33196 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Delete TITLE Change TITLE la grave, Kenneth NAME NAME 15096 SW 104 ST. #1115 STREET ADDRESS STREET ADDRESS MIAMI FL 33194 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE ONDONO, MONICA NAME NAME 15771 SW 104 TERR SUITE 201 STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [ ] Change ☐ Addition TITLE 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 suppremental 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 of the receiver obstustee empowered to accurate his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

owered.

changed, or on an attachme

SIGNATURE:

FILED

ent #101000097259
SIGNATION 430783

## **DIRECTOR RESIGNATION** 11 CREDIT CORP.

The Chairman then recognized the director named below who tendered her resignation, effective upon the adjournment of this meeting. Upon duly made, seconded and carried said resignation was accepted and the Secretary was ordered to spread same upon the minutes of the meeting.

I the undersigned director of the above name corporation, do hereby tender my resignation, to take effect upon the adjournment of the meeting of the board of Directors at which this resignation is accepted,

Dated: March 21, 2002.

STATE OF FLORIDA COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 21st day of March, 2002 by Monica Londoño, Personally Known to me,

Notary of the State of Florida

Name Typed or Printed

Commission Expires:

OFFICIAL NOTARY SEAL TERESITA OYARZUN NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC955150 MY COMMISSION FXP. IAN: 2 2004