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FILED
Jul 16, 2002 8:00 am
Secretary of State
05-27-2002 90421 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101645

1. Entity Name

AFFORDABLE FINANCIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

38848

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5751 W 21st Avenue Suite, Apt. #, etc.	5751 W 21st Avenue Suite, Apt. #, etc.
City & State: Hialeah	City & State: Hialeah
Zip: 33016 Country: USA	Zip: 33016 County: USA

4. FEI Number 65-1147465 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Aida M Parrondo

Street Address (P.O. Box Number is Not Acceptable): 5751 W 21st Avenue

City: Hialeah FL Zip Code: 33016

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] 5/2/02
Signature, type or printed name of registered agent and title if applicable. (DATE: Registered Agent signature required when necessary) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Aida M. Parrondo 5751 W 21st Avenue Hialeah, FL 33016
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/2/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #