2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State P01000103306 DOCUMENT # 03-06-2002 90122 044 ***150 00 1. Entity Name TURNKEY BUSINESS SOLUTIONS ENTERPRISES, INC. Principal Place of Business Mailing Address 1330 SOUTHWEST 29TH AVENUE 1330 SOUTHWEST 29TH AVENUE MIAMI FL 33145 MIAMI FL 33145 2 Principal Place of Business 7173 NW 52 nd Street 3. Mailing Address 7173 NW 52nd Street Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FI 4625 Not Applicable Country \$8:75 Addition at IIS A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 (8/01) TITLE TITLE ☐ Daleta ☐ Addition LANDRIAN, JORGE A 1173 NW 52 STREET NAME LANDRIAN, JORGE A NAME 1330 SOUTHWEST 29TH AVENUE CR2E034 STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP Delete SD TITLE TITLE Clange Addition THIES, JOSE M NAME NAME 1330 SOUTHWEST 29TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP MIAMI FL 33145 Change TITLE ☐ Delete TITLE ☐ Addition LANDRIAN, CARLOS F 2375 WOKCCCHOBCE RD* LANDRIAN : CARLOS F --NAL4F NAME 1330 SOUTHWEST 29TH AVENUE STREET ADDRESS STREET ADDRESS HIALCAH, FL 33010 CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delets TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 any 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 Block 12 if charged, or on an attachment with an address, with prother like empowered.

FILED