FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2002 8:00 am Secretary of State

| DO NOT WRITE IN THIS SPACE 2. Periodic Place of Business 2. Periodic Place of Business 3. Perio | DOCUMENT #P010000117604 | | | | | Secretary of State 03-19-2002 90031 020 ***150.00 | | |
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| Suite Agris V. 655. Suite Agr | DO NOT WRITE IN THIS SPACE | | | | | | | |
| Signature Sign | 2. Principal Place of Business 3. Mailing Address 4900 W 49 | | 3+ | | | | | |
| ## Applicable Sa. 75 Additional Food | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | SPACE | |
| The above named of logistation this statement for the purpose of changing its registered of files or registered agent, or both, in the State of Fiorida. SIGNATURE Symmetry I for its statement for the purpose of changing its registered of files or registered agent, or both, in the State of Fiorida. OCT. Figures Approximation of of Fiorida. OCT | Lity & State Fl City & State Litalion Pl | | City & State Ch | II | | 5-1158486. | | |
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| IN THIS SPACE City | 2) | | | | | NNYS HELINANCES | | |
| 8. The above named of fluctumits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation/is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIFFECTORS 11. DEPARTMENT OF THE NAME STREET AUDRESS CITY-51-2P 11. OFFICERS AND DIFFECTORS 11. DEPARTMENT OF THE NAME STREET AUDRESS CITY-51-2P STREET AUDRESS CITY-51-2P STREET AUDRESS CITY-51-2P STREET AUDRESS CITY-51-2P STREET AUDRESS STREET AU | | | | | | ox number is (vol Acceptable) | | |
| 8. The above named of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE | ŝ | | ACE | MIPA | 2/, | Pl | | |
| SIGNATURE Signatury Funce of imprimed varied of permised agent and side if applicables. (NOTE: Registered Agent signature required when reintating) 9. This corporation/s eligible to satisfy its Intengible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OF | | <i></i> | | City | | | . 3377 | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1 Fee is \$550.00 After May 1, Fee is \$550.00 A | 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. | | | | | | | |
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| 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 supplied part is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director | | certify that the information supplied with | this filing does not qualify for the | <u> </u> | Section | 119.07(3)(i), Florida Statutes. I further cer | rtify that the information | |

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 received 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

FORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hernandez

(305) 562-8884

Daytime Phone #