2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State DOCUMENT # P01000118337 1. Entity Name 05-20-2002 90128 017 ***150.00 INVESTIGATIVE HORIZONS, INC. Principal Place of Business Mailing Address 549 DEER RUN 549 DEER RUN せんりりひょ MIAMI SPRINGS FL 33166-5842 MIAMI SPRINGS FL 33168-5842 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 26--002995 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, ISRAEL JR. Street Address (P.O. Box Number is Not Acceptable) 549 DEER RUN MIAMI SPRINGS FL 33166-5842 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (9/01) TITLE Change ☐ Addition NAME GONZALEZ, ISRALE JR. NAME STREET ADDRESS 549 DEER RUN STREET ADDRESS MIAMI SPRINGS FL 33166-5842 CITY-ST-ZIE CITY-ST-7IP TITLE TITLE GONZALEZ, ISRAEL JR. NAME NAME 549 DEER Run STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP= = TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A PAY TERAEL GONZOLEZ, JR. 2-

2-10-02 (786)271-062

FILED