FILED Apr 14, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P0200085080 1. Entity Name UP SCORE SERVICES INC.					Secretary of State 04-14-2003 90024 041 ***150.00			
Principal Place of Business Mailing Address 9425 SUNSET DRIVE 9425 SUNSET DRIVE 172 172 172								
MIAMI FL 33173 MIAMI FL 33173 D D				į				
2. Principal Place of Business 8770 Sunset DR. 8170 Sunset DR. 8170 Sunset DR				R.	1 (68)(188) (1) 60)(10 (1)(1) 00)(1) 00	TIN BRINK BUNDI PUIBI BIRKI DBIDI		
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State					4. FEI Number Applied For Not Applicable			
3317	Country_	Zip 33173	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current Regis	tered Agent	Name		7. Name and Address of New F	legistered Agent		
THOMAS SIDIA M THOMAS					zick Amaral			
15221 SW 144 STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)				
±MIAMI FL 33196								
	•		City	dia	mi	FL Zip Cod	⁵ 173	
	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its	registered office or			orida. I am familiar with,		
SIGNATURE	Signature typed or printed name of registered agent and title	if applicable. (NOTE	: Registered Agent signate	re required v	when reinstating)	DATE	 {	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of Stat	е			9. Election Campaign Fin Trust Fund Contribution		May Be	
10.	OFFICERS AND DIREC	CTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATXOT, EMILIO A 15221 SW 144 STREET MIAMI FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMARRAL, ERICK 9678 SW 138 AVE MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pwo. J	ICK Amaral 18 SW 138 a	MChange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon	□ Dèlète	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- Change	☐ Addition	
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		,	☐ Change	Addition	

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #