2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 17, 2003 8:00 am & Secretary of State P02000120559 DOCUMENT # 1. Entity Name 03-17-2003 90086 007 ***158.75 WAREHOUSE 34 CORP. Principal Place of Business Mailing Address 780 NW LEJAUNE RD STE 516 780 NW LEJAUNE RD STE 516 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 202 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Add is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City 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. I am familiar the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. - OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE Delete TITLE ☐ Change Addition PUIG, LUIS NAME NAME 780 NW LEJAUNE RD STE 516 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP 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-7IP · Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 true the appears in Block 10 or Block 11 if changed, or on an attachi

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date

Daytime Phone #

FILED