200	1 UNIFORM BU	JSINESS REPO	RT (UB	R)	May 2	FILED	)   8:00 an
DOCU	MENT # P93000	002460			Secre	tary of	f State
	PECOS-CORPORATI	ON			05-22-20	001 90047 020	***150.00
Principal Pla 216 SW 45T IAMI FL 3317 3		Mailing Address 13216 SW 45TH LANE MIAMI FL 33175 US				7701	73
2. Principal (	Place of Business	3. Mailing Address (1932)					
Suite, Apt		Suite, Apt. #, etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DO NOT WBITE	: IN THIS SPACE	•
City & Sta	10	City & State			Number - 0367838	<u> </u>	Applied For Not Applicable
Zip	Country	Zip	Country (1997)	the part of the state of	ertificate of Status Desired	□ \$8.75 Fee Req	Additional
	6. Name and Address of Cur	rent Registered Agent 🗫 😘			me and Address of New Re	gistered Agent	
EFI	NANCIAL INTERLI	NK CORP	Name	MACONING .	q	(r) v	
1321	8 SW 45TH LANE		Street	radiess (P.O. Bo	Number is Not Acceptable)	<u> </u>	·
h e e ji ir	्राष्ट्रक <b>म्युक्तिक ।</b>		City	的。 Editor	Assistant and the	FL Zip C	Code
The shove	named entity submits this statemy	ent for the purpose of changing its re	spintered office à	e and allowed and	A an book in the Chair of Ethi		
IGNATURE	maned entity submits this statement	The first transfer of the state	gistered office of	r registered ager	it, or both, in the State of Fior		
Comment one	Signature, typed or printed name of registered	agent and title if applicable.	legistered Agent signat	nie lednited when teins	taling)	DATE	
ू Tax filing।	oration is eligible to satisfy its Intan requirement and elects to do so, ria on back)	gible FILE NOW III  ## After MAY 1,2001  Make Check Payable	FEE IS \$150 Fee will be \$ to Departmen	50.00 A	10. Election Campaign Final	- <del>-</del> -	5.00 May Be
1.1562.4	OFFICERS A	AND DIRECTORS	<b>12.</b> 3.49 (3)	ADD	TIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 11
ile Me Reet adoress TY-ST-ZIP	D PLETZKÉ 13216 SW 45TH LANE MIAMI FL 33175	AM S		A DOMESTIC OF		☐ Chan	
ILE Me		☐ Delete	TITLE NAME		**	Chang	ge Addition
REET ADDRESS TY-ST-ZIP			STREET ADDRESS				
ILE ME : (1) REET ADORESS		☐ Delate	NAME NAME		1428	Chang	ge Addition
Y-51-ZIP	CARDER REPORT		STREET ADDRESS CITY-ST-ZIP				<u> </u>
LE ME ME REET ADDRESS Y+S1*ZIP	Mily Commence	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge Addition
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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.

STREET ADDRESS

CITY-ST-ZIP,6

IGNATURE: Millian & Platte

REET ADDRESS

TY-ST-ZIP

1BG CE 1200

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