2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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AME OF SIGNING OFFICER OR DIRECTOR

Date

FILED Jun 13, 2002 8:00 am Secretary of State DOCUMENT # P93000004769 1. Entity Name C. & R. OF MIAMI ENTERPRISES, INC. 06-13-2002 90383 039 ***150.00 Principal'Place of Business Mailing Address 3319 N.W. 68TH ST. 3319 N.W. 68TH ST. **MIAMI FL 33147** MIAMI FL 33147 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 65-0481964 Not Applicable Zip Country 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 CERVANTES, CARMEN Street Address (P.O. Box Number is Not Acceptable) 3319 N.W. 68TH ST. MIAMI FL 33147 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 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) **CERVANTES, RUBEN** ☐ Addition NAME NAME 661 E. 9TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CERVANTES, CARMEN NAME STREET ADDRESS 661 E. 9TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowers of the components.

5/24/02 Document # P9300004769 Corney Clouants Christopher Genants 641 # 95# //7961 Dia. Fla. 33010 Tallahosse, Flat. Seatteman: But endosed articles of Teosporation "Qual Alport FORM for" Cooperation and regions on so DAC Cooperation Conf I did not neine my awal report and I was not aware of this farment because this is my first time in business but I promess that from now on this will not happen to me again. Lucial Count

Attachment