2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: -

Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P93000054134 1. Entity Name 03-19-2001 90497 024 ***150.00 AMERI-SERVICES, CORP. Principal Place of Business Mailing Address 7731 SW 19TH AVE PO BOX 558-545 MAIMI_FL_33155_ MIAMI FL 33255 US 2. Principal Place of Business 3. Mailing Address 新野原 武士 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0427059 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 MIGUEL J VIEJO Street Address (P.O. Box Number is Not Acceptable) 7731 SW 19TH ST **MIAMI FL 33155** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE Addition TITLE **DPST** ☐ Delete ☐ Change NAME NAME VIEJO, MIGUEL J STREET ADDRESS STREET ADDRESS 7731 SW 19TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP 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 of ustee 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 of an address, with all other like empowered.

AND TYPES OR PRINTED LAME OF SIGNING OFFICER OR DIRECTOR

FILED