FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P93000082459 BUSY MASTERS, INC. 04-10-2001 90074 019 ***150.00 Principal Place of Business Mailing Address 1700 S.W. 57TH AVE. 1700 S.W. 57TH AVE. SUITE 209 SUITE 209 MIAMI FL 23155 **MIAMI FL 23155** 2. Principal Place of Business 3. Mailing Address 7625 5. W. 93 12 7625 5.W. 93 PL. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0455603 MIAMI Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired U.5. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -- MILLER ARTHUR - -MILLER, ARTHUR J Street Address (P.O. Box Number is Not Acceptable) 1700 S.W. 57TH AVE. SUITE 209 5.W. 93 PL. **MIAMI FL 23155** Zip Code 331 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 (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. Atter 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 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE TITLE MILLER, ARTHUR J MILLER, ARTHUR J. NAME NAME 1700 S.W. 57 AVE., SUITE 209 STREET ADDRESS STREET ADDRESS 7625 5.W. 93 PL. CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP Addition Delete TITLE REY-HILLER, AUA REY-MILLER, AVA NAME NAME 7625 5.w. 93 PL. 1700 S.W. 57 AVE., SUITE 209 STREET ADDRESS STREET ADDRESS MIAMI, FL. 33173 CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME 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 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.