2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P94000031064 1. Entity Name MICROACTION CONSULTING AGENCY, INC. 02-01-2000 90040 005 \*\*\*150.00 Principal Place of Business Mailing Address 4267 NW 112 COURT 4267 NW 112 COURT #103 709146 MIAMI FL 33178-1900 **MIAMI FL 33178** HS US 3. Mailing Address
4267 M. W. 112 Count
Suite, Apt. #, etc. 2. Principal Place of Business 4267 N.W. 112 Court
Suite, Apr. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State - Florida 4. FEI Number City, & State.
MiAMI - Florida 65-0485055 Not 4 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent CAZRNAVE, MARTIN Street Address (P.O. Box Number is Not Acceptable) 4267 NW 112 COURT SUITE 103 **MIAMI FL 33126** FL | Zip Code 178 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 it applicable. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ · · ···· **PVST** TITLE □ Delete TITLE 4267 N.W. 112 Court HIAM FL 33178 4267 NW 112 Court Miani-FL 33178 CAZENAVE, MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 4267 NW 112 CT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** [ ] Change Delete TITLE TITLE CAZENAVE, MARTIN MAME NAME STREET ADDRESS 4267 NW 112 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_ · .... Change ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information specified 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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SI

1-27-00 385-463-8356
Date Daytine Phone #