2001 UNIFORM BUSINESS REPORT (UBR)

Jun 06, 2001 8:00 am DOCUMENT # **P94000066342** Secretary of State 1. Entity Name 06-06-2001 90001 029 ***150.00 ARCHIPELAGO PUBLICATIONS, INC. Principal Place of Business Mailing Address 17168 SW 144 COURT 17168 SW 144 COURT 1 1 4 0 4 1 MIAMI FL 33177 MIAMI FL 33177 US US 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 65-0538241 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 ALLEYNE-NAGEE, JERRY Street Address (P.O. Box Number is Not Acceptable) 17168 S.W. 144TH COURT MIAMI FL 33177 City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOT Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW !! FEE IS \$150.00 10.-Election:Campaign.Financing. \$5.00 May Be After MAY 1, 21 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payal le to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE □ Delete TITLE Addition ALLEYNE-NAGEE, JERRY M NAME NAME STREET ADDRESS 17168 SW 144TH COURT STREET ADDRESS CITY - ST-ZIP **MIAMI FL 33177** CITY-ST-ZIE ☐ Delete ☐ Change TITLE TITLE ☐ Addition DANGLADE, RANDY NAME NAME STREET ADDRESS **7545 SW 152ND AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 TITLE ☐ Delete ☐ Change ☐ Addition DANGLADE, LESLYE NAME NAME STREET ADDRESS **7545 SW 152ND AVENUE** STREET ADDRESS CITY - ST-ZIP **MIAMI FL 33193** CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP ☐ Delete TITLE 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-7IP CITY-ST-ZIP

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

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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 empowere. 305 - 4**13** -