2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # P94000075735 IVAK PUBLISHING, INC. 05-11-2001 90047 048 ***150.00 Principal Place of Business Mailing Address 11401 SW 40TH ST 9350 S.W. 19TH STREET MIAMI FL 33165 #311 **MIAMI FL 33165** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3287156 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, IVAN M Street Address (P.O. Box Number is Not Acceptable) 9350 S.W. 19TH STREET MIAMI FL 33165 Zip Code City 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, typed or printed name of registered agent and title if 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12 ;R2E034 (10/00) ☐ Addition ☐ Delete TIT1 F TITLE RODRIGUEZ, RINA S NAME NAME 9350 S.W. 19TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Change ☐ Addition ☐ Delete TITLE TITLE RODRIGUEZ, IVAN M NAME NAME STREET ADDRESS 9350 S.W. 19TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 shall report is true and accurate and hat my signature shall have the same legal effect as it made under oath; that I am an officer or director trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is an address, with an other like empowered. 13. I hereby certify that the information indicated on this report or supp my name appears in Block 11 or Block 12 if of the corporation or the rece changed, or on an attachme SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF