FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 13, 2000 8:00 am Secretary of State OCUMENT # **P95000011961** 03-13-2000 90063 022 ***150.00 UNLIMITED SALES & SERVICE, INC. Mailing Address incipal Place of Business 20555 N.E. 6TH COURT N.E. 6TH COURT 624629 NORTH MIAMI BEACH FL 33179-2415 MIAMI BEACH FL 33179 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0556434 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARECH, JOYCE Street Address (P.O. Box Number is Not Acceptable) 20200 NE 10TH PL **MIAMI FL 33179** City Zip Code FL E. 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. GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) Addition Change ☐ Delete TITLE ITLE NAME AME WARECH, SCOTT STREET ADDRESS TREET ADDRESS 20555 N.E. 6TH COURT CJTY-ST-ZIP HTY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Addition TITLE Delete WARECH, JOYCE NAME STREET ADDRESS TREET ADDRESS 20200 NE 10TH PL CITY-ST-ZIP DTY-ST-ZIP **MIAMI FL 33179** Change Addition ☐ Delete TITLE NAME AME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete ITI F NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP DTY-ST-ZIP ☐ Delete TITLE ☐ Change Addition ITLE IAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete ITLE NAME AME 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Date D

Daytime Phone #