| 2001 UNIFORM BUSINESS REPORT (UBR)<br>DOCUMENT # P95000048435  |   |  |  |   | FILED<br>May 16, 2001 8:00 am<br>Secretary of State<br>05-16-2001 90390 033 ***150.00        |  |                              |   |
|--|---|--|--|---|--|--|------------------------------|---|
| •  | IAL ADJUSTMENT CORPORAT   | ION  |  | V   | 05-16-20   | 01 90390 03  | 33 ***150                    | ).00  |
| Principal Pla  | ce of Busidess  | Mailing Address  |  |   |  |  |                              |   |
| Principal Place of Business<br>1909 N.E. 163 STREET<br>SUITE 305<br>I. MIAMI BEACH FL 33160<br>2. Principal Place of Business  |   | 3909 N.E. 163 STREET<br>SUITE 305<br>N. MIAMI BEACH FL 33160-4126<br>3. Mailing Address  |  | A0068268  |  |  | ,                            |   |
|  |   |  |  |   |  |  |                              |   |
| Suite, Apt   | t. #, etc.  | Suite, Apt. #. etc.  |  |   | DO NOT W   | RITE IN THIS S   | PACE                         |   |
| City & Sta   | ite   | City & State   | ·  | <b>4</b> . F                                    | El Number 65-0633  | )16  |                              | plied For   |
| Zip  | Country   | Zip  | Country  | 5. 0  | Certificate of Status Desired  |  | 8.75 Add                     | ditional  |
|  | 6. Name and Address of Current F  | legistered Agent   |  | 7. N  | ame and Address of Nev   |  |                              | · · · · · · · · · ·                                       |
|  |   |  | Name   | !   |  |  |                              |   |
|  | MSLEY, CHARLES  |  | Street A   | ddress (P.O. Bo                                 | ox Number is Not Accepta   |  |                              | ·   |
|  | 9 N.E. 163 STREET   |  |  |   |  |  |                              |   |
|  | FLOOR   |  |  |   |  |  |                              |   |
| N. N   | AIAMI BEACH FL 33160  |  | City   | City FL Zip Code                                |  |  |                              |   |
| The above  | e named entity submits this statement for   | the purpose of changing its  | registered office or   | registered age                                  | ent, or both, in the State of  | Florida.   | •                            |   |
| GNATURE  | Signature, typed or printed name of registered agent a<br>coration is eligible to satisfy its Intangible  | Ind little if applicable. (NOT   | E: Registered Agent signatu  | ire required when rei                           | 10. Election Campaign  | DATE<br>Financing  |                              | 0 May Be  |
| GNATURE<br>This corp<br>Tax filing   | Signature, typed or printed name of registered agent a  | Ind little if applicable. (NOT   | E: Registered Agent signatu<br>!! FEE IS \$150.0<br>00 Fee will be \$5   | ire required when rei<br>00                     | nstating)  | DATE<br>Financing  |                              | 0 May Be<br>I to Fees                                     |
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