2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90275 001 ***150.00

DOCUMENT # P96000026427

1. Entity Name
264, INC.

Principal Place of Business	Mailing Address
264 -266 SW 19 RD MIAMI FL 33129-1425	14936 SW 104 ST UNIT #20 MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	PAULINO ESPINEL
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9280 SW 150 Ave Suite 105
City & State	City & State Miami, FL 33196
Zip / Country	Zip / Country

4. FEI Number 65-0812943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAULMIO, ESPINEL 14936 SW 104ST UNIT #20 MIAMI FL 33196	Name Street Address (P.O. Box Number is Not Acceptable) PAULINO ESPINEL ~~9280 SW 150 Ave~~ Suite 105 City Miami, FL 33196 Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ESPINEL, PAULINO 14936 S.W. 104TH ST. UNIT 20 MIAMI FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAULINO ESPINEL 9280 SW 150 Ave Suite 105 Miami, FL 33196	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED 4-9-2002 305 388579 726 8627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #