2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT#** P96000045846 May 11, 2000 8:00 am Secretary of State The International Recovery Firm 05-11-2000 90001 012 \*\*\*150.00 Principal Place of Business Mailing Address 2699 Stirling Road B-303 Ford LAUDERDALE FL **........** 2. Principal Place of Business
2699 Stieling Road 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FELNumber 65-0689473 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ROWARd Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Aret Guzman Street Address (P.O. Box Number is Not Acceptable) 2699 Stirling Road Zip Code FORT WALLER FL 33312 8. The above named entity surfits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5:00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. President President ☐ Change TITLE ☐ Delete TITLE MOJ. Chapman 2699 Stilling Rd ART Courman 2699 Stirling Road B-303 NAME NAME B 303 STREET ADDRESS STREET ADDRESS LAuderdale CITY-ST-ZIP CITY-ST-ZIP Fort handerdals, FL. 33312 Dinector TITLE Delete TITLE Michael MARTINEZ tet consus NAME NAME 2699 Stirling ROAD 0-303 STREET ADDRESS STREET ADDRESS FL. 33312. CITY-ST-ZIP Fort handeodate CITY-ST-ZIF Addition Change Dinector Delete TITLE TITLE NAME OCTAVIO MARTINEZ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trained 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 received frustee emphasized 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 h all other like empowered. R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: