2001 UNIFORM BUSINESS REPORT (UBR) FILED May $0\bar{1}$, 2001 8:00 am DOCUMENT # **P96000072216** Secretary of State SISTER'S ENTERPRISE, INC. 05-01-2001 90040 020 ***150.00 Principal Place of Business Mailing Address C/O RIVE CORPORATE SERVICES INC. C/O RJVE CORPORATE SERVICES INC. 200 S. BISCAYNE BLVD STE 4200 200 S. BISCAYNE BLVD STE 4200 964831 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 200 South Biscayne Blvd. 200 South Biscayne Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite # 4100 Suie # 4100 City & State City & State 4. FEI Number Applied For 65-0694094 Miami, Florida Miami, Fl Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 Fee Required 33131 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RJVF Corporate Services, Inc. RJVF CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) C/O STEEL, HECTOR AND DAVIS 200 S BISCAYNE BLVD. STE 4200 200 South Biscayne Blvd., Suite #4100 MIAM! FL 33131 City Zip Code Miami 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax fiting requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE Delete FITLE Change PSD DE LAURIA, CARMEN PULGAR NAME NAME De Lauria, Carmen STREET ADDRESS 555 S. POMPANO PKWY STREET ADDRESS 680 W. Palm Aire Dr. CITY-ST-ZIP POMPANO BCH FL 33069 CITY-ST-7IP Pompano Beach, Fl 33069 TITLE ☐ Delete TITLE PHELAN, WILLIAM ROBERT NAME NAME Phelan, William Robert 555 S. POMPANO PKWY STREET ADDRESS STREET ADDRESS 680 W. Palm Aire Dr. CITY-ST-7IF POMPANO BCH FL 33069 C/TY-ST-7IP Pomano Beach, Florida TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-Z:P TITLE Delete TITLE Change ■ Addition NAME NAME STREET AGDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN TE LARA CA/21/01

CR2E