Mailing Address

PO BOX 170056

HIALEAH FL 33017-0056

2. Principal Place of Business	3. Mailing Address	
6788 Brookline Dr.	1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	;
		1



DO NOT WRITE IN THIS SPACE

City & State 4. FEI Number Applied For 65-0715111 Florida Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

Name and Address of Current Registered Agent

EPPS, CRAIG Y 20019 NW 34TH AVE MIAMI FL 33056

7. Name and Address of New Registered Agent

2232 SW 118th Ave

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.

(NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition SYMONETTE, BRIAN A NAME NAME: 6788 Brookline DR Himleah, FL 33015 STREET ADDRESS 235 NE 46 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP TITLE ☐ Delete TITLE ! Change ☐ Addition NAME SYMONETTE, ALAN L NAME STREET ADDRESS 6788 BROOKLINE DR STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition NAME EPPS-CRAIG-Y-NAME 20019 NW 34TH AVE STREET ADDRESS STREET ADDRESS 2232 SW 118th Ave CITY-ST-ZIP **MIAMI FL 33056** CITY-ST-ZIP MIVAMAN, FL 33025 TITLE ☐ Delete TITLE Change ☐ Addition JACKSON, VERNON JR NAME NAME STREET ADDRESS 235 NE 46TH ST. STREET ADDRESS 6788 Brookline DR. -CITY-ST-ZIP ~ MIAMI FL 33137-CITY=ST : ZIP - == ☐ Delete TITLE ☐ Change ☐ Addition SYMONETTE, STEPHANIE NAME NAME STREET ADDRESS 6788 BROOKLINE DR STREET ADDRESS HIALEAH FL 33015 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP