2001 UNIFORM BUSINESS REPORT (UBR) Mar 06, 2001 8:00 am DOCUMENT # P96000103759 **Secretary of State** 1. Entity Name FIRE-RAM INTERNATIONAL, INC. 03-06-2001 90300 005 ***150.00 Principal Place of Business Mailing Address 19710 WEST LAKE DRIVE 19710 WEST LAKE DRIVE HIALEAH FL 33015 HIALEAH FL 33015 2. Principal Place of Business V 3. Mailing Address A 22 HOINGIAWA 222 YOINCIANA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0724595 Not Applicable ングシン \$8.75 Additional 5. Certificate of Status Desired Fee Required ddress of Current Registered Agent 7. Name and Address of New Registered Agent SCHILLING, DAWN Street Address (P.O. Box Number is Not Acceptable) 222 POINCIANA ISLAND DRIVE MIAMI FL 33160 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change TITLE ☐ Delete LORENZO JR, MANUEL 3951 SW. 145 AVE LORENZO JR., MANUEL NAME NAME STREET ADDRESS STREET ADDRESS 17802 NW 79 CT CITY-ST-ZIP CITY-ST-7IP HIRIMAR, FL3302

☐ Addition <u>MIAMI_FL</u> TITLE ☐ Delete TITLE NAME SCHILING, WILLIAM QUINN NAME STREET ADDRESS STREET ADDRESS 222 POINCIANA ISLAND DR SAME CITY-ST-7IP CITY-ST-ZIP SUNNY ISLES FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: Whom film Holding V-S. WILLIAM QUINN SCHILLING
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Z-28-00 305-5564552

Daytime Phone #

R2E034 (10/00