MAY-21-01 09:27 AM
05/19/2001 14:11 5545646753 EDLOPEZ

FILED
May 30, 2001 8:00 am
Secretary of State
05-02-2001 90153 016 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000360

1. Entity Name
HALLANDALE BUSINESS SUPPLIES INC.

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8151 MIRAMAR PKWY #301 MIRAMAR FL 33023 US	8151 MIRAMAR PKW SUITE 301 MIRAMAR FL 33023 US

2. Principal Place of Business — Suite, Apt #, etc — City & State — Zip — Country

3. Mailing Address — Suite, Apt #, etc — City & State — Zip — Country

4. FEI Number 65-0826764 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
LOPEZ, EDELMAN
8151 MIRAMAR PKWY
SUITE 301
MIRAMAR FL 33023

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. The 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, 2001 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	DV SORGEN, NOEMI MAURE 3783 BUENOS AIRES, ARGENTINA OC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREZ, JORGE MAURE 3783 BUENOS AIRES, ARGENTINA OC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E004 (6/00)

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] Edelman Lopez — 4-26-01 — (954)964-9205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] Jorge Bradstrain Perez May 16 01