2003 FOR PROFIT CORPORATION

FILED Mar 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P97000032911 **DOCUMENT #** 1. Entity Name 03-24-2003 90233 016 ***150.00 CENTER POINT SERVICES, INC. Principal Place of Business Mailing Address 7236 N.W. 72 AVE 7236 N.W. 72 AVE MIAMI FL 33166 **SUITE 1425** MIAMI FL 33166 UŞ 2. Principal Place of Business 3. Mailing Address 7234 N.W. 72 AUE. 72 34 N.W. 72 AIE. Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES MIAM) - FL. City & State City & State 4. FEI Number Applied For MIAMI- FL. 65-0747804 MIAMI. FL . Not Applicable Zip Zip 33166 Country U.S \$8.75 Additional 33166 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUIZ, BLANCA I Street Address (P.O. Box Number is Not Acceptable) 7236 NW 72 AVE **MIAMI FL 33166** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Change ☐ Addition RANSOME, DAVID NAME NAME RANSOME, DAVID STREET ADDRESS 7236 NW 72 AVE STREET ADDRESS 7234 NW 72 AUG. CITY-ST-ZIF MIAMI FL 33166 CITY-ST-ZIP MIAMI. FL. 33166 TITLE ☐ Delete TITLE Change Change Addition NAME RUIZ, BLANCA I ŘUIZ, BLANCA I 7234 N.W. 72 AUE. NAME STREET ADDRESS 7236 NW 72 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

01/10/2003 (305)887-0081

CR2E034 (10/02)

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