Boce Reton, FL Boce Reton FL Zip 33433 Country Zip 33433 Country St. Certificate of Status Desired \$8.75 Additional Fee Required		RT (UBR)	FILED Jun 07, 2000 8:00 an Secretary of State 06-07-2000 90432 004 ***158.75
Boce Reton, FL Boce Reton FL Zip 33433 Country Zip 33433 Country St. Certificate of Status Desired \$8.75 Additional Fee Required	1811 Lyous Rd. Suite 202 Coconut Greek, FL 33063 Principal Place of Business 6825 Bridlewood Ct. 6825 Bridle	conut Greek, FL 33063	,
6. Name and Address of Current Registered Agent Alberto Rekis 6825 Bridle wood Covrt Boce Raton, FL 33433 City FL Zip Code City FL State of Florida. City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City Cit	Box Raton of Box Raton	Country, 15: 0	Not Applicable
Alberto Rekis 68 25 Bridle wood Covrt Boce Raton, FL 33 4 33 City FL Zip Code 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. (IGNATURE Suphasse, bysed or printed name of registered agent and stee of applicable. (IGNATURE Suphasse, bysed or printed name of registered agent and stee of applicable. (INTER populated Agent dignature required when reinstating) (Inter properties is eligible to satisfy its Intangible Tax Hilling requirement and elects to do so. (See criteria on back) (See Crite	35735 USB 35735	420_	Fee Required
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		Name .	r. Inditie and Address of New Registered Agent
City FL Zip Code 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. IGNATURE Signature, typed or printed neme of registered agent and title if supplicable. In this corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Intermacy (1, 2000) Fee with be \$550,00 Make Check Payable to Department of State PD. THE MOMILIFEE IS \$150.00 After MAY (1, 2000) Fee with be \$550,00 Make Check Payable to Department of State Intermacy (1, 2000) Fee with be \$550,00 The state of Florida. 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May 1 Added to Fees (See criteria on back) PD. THE NAME REKIS, ALBERTO Delete Intermace PD. THE NAME REKIS, ALBERTO STREET ADDRESS ROAL ANDER CAPLOS STREET ADDRESS FILE NOW!!! FEE: IS \$150.00 After MAY (1, 2000) Fee with be \$550,00 The street Added to Fees the State of Change Added to Fees the St	Alberto Kekis	Street Addres	s (P.O. Box Number is Not Acceptable)
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	6825 Bridlewood Court		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Boca Raton, FL 33433		'
IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		City	FL Zip Code
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3. 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 direct 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 11 changed, or on an attachment with an address, with all other like empowered.	THE TADDRESS Y-ST-ZIP LE ME TADDRESS Y-ST-ZIP LE Delete ME TREET ADDRESS Y-ST-ZIP LE Delete ME TREET ADDRESS THE TADDRESS THE TADR	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
SIGNATURE: 4/28/W 1954) 295-6	LE Delete ME Delete ME Delete ME Delete ME Delete ME REET ADDRESS Y-ST-ZIP LE Delete ME REET ADDRESS Y-ST-ZIP LE Delete ME	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in 19 y signature shall have the	Change Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director

SIGNATURE: