Apr-26-02 10:31am From-LINDA LARREA P.A. 3058588882

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90612 037 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name P97000069660

PINECREST ENTERPRISE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2300 Coral Way		2300 Coral Way	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103	
City & State Miami, FL		City & State Miami, FL	
Zip 33145	Country USA	Zip 33145	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650820565 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dade Corporate Services

Street Address (P.O. Box Number is Not Acceptable): 2300 Coral Way, 103

City: Miami FL Zip Code 33145

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. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD	TITLE	
NAME	Rico, Robert F.	NAME	
STREET ADDRESS	12600 SW 78 Ave.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROBERT RICO 4/30/02 (305) 868-5558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #