2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am DOCUMENT # P9700080944 **Secretary of State** NORTHERN SERVICES & INVESTMENT, CORP. 02-08-2001 90169 042 ***150.00 Principal Place of Business Mailing Address 3191 CORAL WAY C/O SERGIO R PENTON SUITE 200 780 NW LEJEUNE RD #427 MIAMILPE 33145 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0781704 Not Applicable 7in Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENTON, SERGIO R PA Street Address (P.O. Box Number is Not Acceptable) 780 NW LEJEUNE RD **STE 427 MIAMI FL 33126** Zip Code City 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) 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change Addition TITLE TITLE MISCHEL, RAUL NAME NAME 1111 CRANDON BLVD. #E104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33149** ☐ Change TITLE Addition ☐ Delete TITLE YANEZ, MARINA NAME NAME 1111 CRANDON BLVD. #E104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33149 ☐ Addition TITLE Delete TITLE ☐ Change 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 ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 of trustee empowered by 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 and Pred or Printed Name of Signing Officer or Director
| Date | Daylime Phone #