8/: 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 07, 2000 8:00 am Secretary of State DOCUMENT # P97000093616 1. Entity Name ROS MIAMI CORP. 08-01-2000 90002 012 ***500.00 09-07-2000 90058 007 ****50.00 Principal Place of Business Mailing Address 1160 CEDAR FALLS DR. 1160 CEDAR FALLS DR. WESTON FL 33327 WESTON FL 33327-1716 **B0105186** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0821447 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent _ ----- 6. Name and Address of Current Registered Agent. PEREZ. JUANA Street Address (P.O. Box Number is Not Acceptable) 1160 CEDAR FALLS DR WESTON FL 33327 Zip Code City Fl 4. 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 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, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Addition PSTD ☐ Change ☐ Delete TIME PEREZ, JUANA NAME NAME Ę 1160 CEDAR FALLS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIE 뜬 Addition ☐ Delete TIME ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJIY-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 eath; 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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

MARKE

STREET ADDRESS

CITY-S1-ZIP

☐ Delete

☐ Change

Addition

Date