2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P98000028954 1. Entity Name RELIABLE OF MIAMI INC. 04-12-2001 90064 032 ***150.00 Principal Place of Business Mailing Address 8304 NW 14 ST P.O. BOX 650307 MIAMI FL 33126 MIAMI FL 33265 C0046169 2. Principal Place of Business 3. Mailing Address 7810 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE (Aity & State 4. FEI Number-- Applied For-City & State 65-0823437 Florida liami Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMIREZ, JULIO Street Address (P.O. Box Number is Not Acceptable) 105 SW 104 CT MIAMI FL 33174 City Zip Code FL 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 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition NAME NAME. RAMIREZ, JULIO STREET ADDRESS STREET ADDRESS PO BOX 650307 CITY-ST-ZIF CITY-ST-ZIP MIAMI FL 33265 Change ☐ Delete Addition TITLE TITLE NAME NAME RAMIREZ, BRENDA STREET ADDRESS STREET ADDRESS PO BOX 650307 CITY-ST-ZIP CITY-ST-ZIP MIAMLEL 33265 [] Change TITLE ☐ Delete TITLE 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 Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition Change NAME 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 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 attackment with an address, with all give like empowered.