2024	IINIEADIE	DUCINECO	DEDART	/IIDD\
	UNIFURN	BUSINESS	KEPUKI	IUBKI
	—			1 — — — — ,

							3.5 44 4 004 0 00
DOCUMENT # P98000086138					May 11, 2001 8:00 am Secretary of State		
•		MENT PROPERTIES,	INC.				05-11-2001 90293 036 ***150.00
Principal Plac	e of Busines:	3	Mailing Address				
3899 NW 7TH 5 MIAMI FL 33120			3899 NW 7TH STREET #203 MIAMI FL 33126				
2. Principal Place of Business		3. Mailing Address			1 (CONTROL 178 1818) 1811 1811 1811 1811 1811 1811		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State	е		City & State			4. 1	FEI Number 65-0870670 Applied For Not Applicable
Zìp		Country	Zip	Country			Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name	and Address of Current R	egistered Agent		Name	7. 1	Name and Address of New Registered Agent
NAE	AI REDT				Name		
NAE, ALBERT 3899 NW 7TH STREET #203			Street Address (P.O. Box Number is Not Acceptable)				
MIAN	/I FL 33126						
	•				City	•	FL Zip Code
8. The above	named entity	submits this statement for	the purpose of changing its	registere	ed office or	registered ag	ent, or both, in the State of Florida.
SIGNATURE	Signature typed	or printed name of registered agent an	d title if applicable. (NOTi	: Registered	Agent signatu	re required when re	einstating) DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
11,		OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PSD	- \ 	☐ Delete	TITLE			☐ Change ☐ Addition
NAME STREET ADDRÉSS	NAE, ALB	thi 7th Street #203		NAME	: Et address		
CITY-ST-ZIP	MIAMI FL				ST-ZIP .		
TITLE	VPD	-	☐ Delete	TITLE			Change Addition
NAME	solis, an			NAME	1		
STREET ADDRESS		7TH STREET #203			ET ADDRESS ST-ZIP		
CITY-ST-ZIP	MIAMI FL	33126	П од			*****	☐ Change ☐ Addition
TITLE NAME			Delete	TITLE			Commy Chamber
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP				CITY-	ST-ZIP		<u> </u>

☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZÎP (Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #