Zip Country Zip Country Zip Country S. Cartificate of Status Desired Status Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent NOSARIO, RAFAEL A . . Streat Address (P.O. Biox Number is Not Acceptable) . POMESTEAD FL 33033 . . Streat Address (P.O. Biox Number is Not Acceptable) . City FL Zip Code . . . 8. The above named ontity submits this statement for the purpose of changing is registered Agent Agent experiments and electron to so. . . . SIGNATURE Expression register of artifice name if registered agent and test ligitation. SIGNATURE Expression register of agent and test ligitation. SIGNATURE Expression register of address of Non Agent expression agent address of Non Agent ex	DOCU 1. Entity Nam	MENT # P98000	086309	FILED Mar 05, 2001 8:00 am Secretary of State 03-05-2001 90298 022 ***150.00			
Suite, Apt. 4, etc. Suite, Apt. 4, etc. DD NOT WHITE IN THIS SPACE City & State City & State 4. FCI Number Secondary Zip Country Zip Country 5. Contribute of Status Desired Apr. 5 Zip Country Zip Country 5. Contribute of Status Desired State Fragmer ROSARIO, RAFAEL A : 23901 State Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSARIO, RAFAEL A : 23901 State NetWork State Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of Destride Mater Mark 1, 2001 Fee Will be \$550.00 Not Employed to the partment of State Address (P.O. Box Number is Not Acceptable) Not Employed to the partment of State (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) ROSARIO, RAFAEL A Tele Will be \$550.00 Not Empl	29601 S.W. 162ND AVENUE		29601 S.W. 162ND AVENUE				
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B. 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 By onver yound or privation is eligible to satisfy its intrangible Tax filing requirement and elects to do so. (See criteria on back) Confficers AND DIRECTORS I COFFICERS AND DIRECTORS I COFFICERS AND DIRECTORS I Cofficers AND DIRECTORS Confficers AND AND CONFICERS AND DIRECTORS Confficers AND AND CONFFICERS AND DIRECTORS Confficers AND Confficers Confficers Confficers AN					<u> </u>		
SIGNATURE Bignitude, typed or privad runna of registered agent and site # sectoration (NOTE Registered Agent signature required when reinstature) DATE 9. 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 State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 Added 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change 13. OFFICERS AND DIRECTORS 11. 14. OFFICERS AND DIRECTORS 11. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. 15. OBDITIONS/CHANGESS CITY-ST-2P 15. OBLE 111.E				City		FL Zip Coo	le
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3. 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	ITLE IAME ITREET ADDRESS		Delete	TITLE NAME STREET ADDRESS		Change	Addition
3. 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 infinitiated on this report or supplemental reports for and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver or truster entropy of the execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or changed, or on an attachment with entropy with all other like empowered. SIGNATURE: Refnel A, Rosanto 1-10-01		ertify that the information supplied with on this report or supplemental report poration or the receiver or trustey of bo or on an attachment with an second	this filling does not qualify for sympand accurate and that there to execute the repor- vitual all other like empowered	r the exemption stated in my signature shall have th t as required by Chapter 6 l.	·		nformation or director r Block 12 if