2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000090193 Sep 22, 2000 8:00 am Secretary of State Ron Keller Inc. 09-22-2000 90040 041 ***550.00 Principal Place of Business Mailing Address 10620 SW 138 ST 10620 SW 138 ST. Miami, FL 33176 miami, FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FÉI Number City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Keller, Ron 10620 SW 138 St. Miami, FL 33176 Street Address (P.O. Box Number is Not Acceptable) 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 (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, 2000 Fee will be \$550.00 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 11. Director officer TITLE ☐ Delete TITLE Keller Ron 10620'SW 138 St. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP T ST ZIP Change □ Addition ☐ Defete TITLE RILLE NAME STREET ADDRESS PARKING :: DITE CITY-ST-7IP ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS Mingegs CITY-ST-ZIP ST-ZIP 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 attachment with an address, with all other five empowered. ---NATURE NTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

OCUMENT # Entity Name	1 300000		. ,		1	otto	$\propto \sim \omega_{c}$	odo,	
RON KELLER INC.		,	, '		;	in od	8 00	130°	,
	<u></u>	· · · · · ·					Boll		÷
incipal Place of Business	1	Mailing Address		1	1		ر تر مر	*-	<i>)</i> -,
620 SW 138 STREET AMI FL 33176		10620 SW 138 STREET MIAMI FL 33176	-	ĺ	4		A Section	a Carago	
					6-1 	1	112mil		
Principal Frace of Business		3. Mailing Address							
Suite, Ant. #, etc.		Suite, Apt. #, etc.			·	DO NOT W	RITE IN THIS	SPACE	
<u> </u>		·			FFI A)	<u> </u>	A		naliad For
City & State		City & State		4.	FEI Number	65-0871	622:		pplied For lot Applicat
Zip Co	puntry	Zip	Country	5.	Certificate of	Status Desired	1 🗆	\$8.75 Ad Fee Require	
6. Name and	Address of Current Re	gistered Agent			Name and Ad	dress of New	Registered		
אבוובס פטא	_	_	Name	·					
Keller, ron 10620 SW 138 Street		Stree		Address (P.O. B	Box Number is	Not Acceptat	ole)		
MIAMI FL 33176									
			. City		-		FI	Zip Cod	de
Signature, typed or print This corporation	ed name of registered agent and the its: Intangible do so.	After SEPTEMBER		nature required when r	~ 10. Election	on Campaign.			
GNATURE Signature, typed or print	do so.	After SEPTEMBER Make Check Payal	11. 555.15 \$55 13, 2000 Min. wi	inature required when r	- 10. Electic Trust F	und Contribut	Financing_tion.	☐ Adde	d to Fees
This corporation	do so.	After SEPTEMBER 1 Make Check Payal	11 P55 15 C556 13, 2000 Min. wi ble to Departme	inature required when r	~ 10. Election	und Contribut	Financing_tion.	D DIRECTOR	IS IN 11
GNATURE Signature, typed or print This corporation Tax filling requires (See criteria on balling)	do so.	After SEPTEMBER Make Check Payal	11 PSE IS \$56 13, 2000 Min. wi ble to Departme	inature required when r	- 10. Electic Trust F	und Contribut	Financing_tion.	☐ Adde	d to Fees
GNATURE Signature, typed or print This corporation (See criteria on building) See Criteria on building See Criteria o	do so.	After SEPTEMBER 1 Make Check Payal	13, 2000 Min. wible to Department 12. TITLE NAME STREET ADDRESS	ature required when r	10. Electic Trust F	und Contribut	Financing_tion.	D DIRECTOR	d to Fees
GNATURE Signature, typed or print This corporation Tax filing requirer (See criteria on basis) 9/14 LE D Kanaha REET ADDRESS TY-ST-ZIP	do so.	After SEPTEMBER 1 Make Check Payal RECTORS	11. ESECIS CSSS 13, 2000 Min. wible to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ature required when r	- 10. Electic Trust F	und Contribut	Financing_tion.	☐ Adde □ DIRECTOR □ Change	d to Fees IS IN 11
GNATURE Signature, typed or print This corporation TAX filing requirer (See criteria on bandia) 901 c LE ME REET ADDRESS Y-ST-ZIP LE ME ME ME	do so.	After SEPTEMBER 1 Make Check Payal	11. ESECIS CSSS 13, 2000 Min. wible to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AL	10. Electic Trust F	und Contribut	Financing_tion.	D DIRECTOR	d to Fees
GNATURE Signature, typed or print This corporation TAX filing requirer (Signature) (See criteria on b. 1911) 461 c LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS	do so.	After SEPTEMBER 1 Make Check Payal RECTORS	11. ESECIS CSSS 13, 2000 Min. wible to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL	10. Electic Trust F	und Contribut	Financing_tion.	☐ Adde □ DIRECTOR □ Change	d to Fees
GNATURE Signature, typed or print This corporation (See criteria on building require Kapita)	do so.	After SEPTEMBER 1 Make Check Payal RECTORS	11. ESECIS CSSS 13, 2000 Min. wible to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AL	10. Electic Trust F	und Contribut	Financing_tion.	☐ Adde □ DIRECTOR □ Change	d to Fees IS IN 11 Additi
GNATURE Signature, typed or print This. corporation Tax filing requirer (Spiral) (See criteria on builds) 19(1) LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME ME ME ME ME ME ME ME	do so.	After SEPTEMBER Make Check Payal RECTORS Delete	11. ESE IS 656 13, 2000 Min. wible to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME	AL	10. Electic Trust F	und Contribut	Financing_tion.	Adde D DIRECTOR Change Change	d to Fees IS IN 11 Additi
GNATURE Signature, typed or print This. corporation Tax filing requirer (Signature) (See criteria on b 1911) LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS	do so.	After SEPTEMBER Make Check Payal RECTORS Delete	11. ESE 18 686 13, 2000 Min. wible to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE	AL	10. Electic Trust F	und Contribut	Financing_tion.	Adde D DIRECTOR Change Change	d to Fees IS IN 11 Additi
GNATURE Signature, typed or print This corporation Tax filing requirer (Such Such Such Such Such Such Such Such	do so.	After SEPTEMBER Make Check Payal RECTORS Delete	11. ESECIS-ESS 13, 2000 Min. wible to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL	10. Electic Trust F	und Contribut	Financing_tion.	Adde D DIRECTOR Change Change	d to Fees IS IN 11 Additi
GNATURE Signature, typed or print This corporation (See criteria on basis) (See criteria on basis) 1961 6 D KENTON REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	do so.	After SEPTEMBER Make Check Payal RECTORS Delete Delete Delete	11. ESECIS-ESS 13, 2000 Min. wible to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP	ALL STATES	10. Electic Trust F	und Contribut	Financing_tion.	Adde D DIRECTOR Change Change	d to Fees IS IN 11 Additi
GNATURE Signature, typed or print This corporation Tax filing requirer (See criteria on b 4 1615) LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	do so.	After SEPTEMBER 1 Make Check Payal RECTORS Delete Delete	11. ESECIS-ESS 13, 2000 Min. wible to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ALL STATES AND STATES	10. Electic Trust F	und Contribut	Financing_tion.	Adde D DIRECTOR Change Change	d to Fees
GNATURE Signature, typed or print This corporation TAX filing requirer (1975) (See criteria on b. 1975) LE ME REET ADDRESS Y-ST-ZIP LE	do so.	After SEPTEMBER Make Check Payal RECTORS Delete Delete Delete	11. ESE 15-656 13, 2000 Min. wible to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALL STATES AND STATES	10. Electic Trust F	und Contribut	Financing_tion.	Adde D DIRECTOR Change Change	d to Fees IS IN 11 Additi
GNATURE Signature, typed or print This corporation TAX filling require (Spin) (See criteria on b. 1915) LE ME REET ADDRESS Y-ST-ZIP LE	do so.	After SEPTEMBER Make Check Payal RECTORS Delete Delete Delete	11. ESECIS-ESES 13, 2000 Min. wi ble to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALL STATES	10. Electic Trust F	und Contribut	Financing_tion.	Adde D DIRECTOR Change Change Change	d to Fees IS IN 11 Addition Addition Addition
GNATURE Signature, typed or print This corporation (See criteria on by 1515) LE D K ANDROS IN ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	do so.	After SEPTEMBER Make Check Payal RECTORS Delete Delete Delete	111- ESECIS- SESSION AND MIN. WIDE TO DEPARTMENT OF THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALL STATES	10. Electic Trust F	und Contribut	Financing_tion.	Adde D DIRECTOR Change Change Change Change	d to Fees IS IN 11 Addition Addition Addition Addition
GNATURE Signature, typed or print This corporation (See criteria on by 1515) (See criteria on by 1515) LE ME REET ADDRESS Y-ST-ZIP LE	do so.	After SEPTEMBER Make Check Payal RECTORS Delete Delete Delete	11. ESECIS-ESES 13, 2000 Min. wi ble to Departme 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALL STATES	10. Electic Trust F	und Contribut	Financing_tion.	Adde D DIRECTOR Change Change Change	d to Fees IS IN 11 Addition Addition Addition
GNATURE Signature, typed or print This corporation (See criteria on by the print) (See cri	do so.	After SEPTEMBER Make Check Payal RECTORS Delete Delete Delete	111- ESECIS- SESSION AND MIN. WIDE TO DEPARTMENT OF THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	ALL STATES AND STATES	10. Electic Trust F	und Contribut	Financing_tion.	Adde D DIRECTOR Change Change Change Change	d to Fees IS IN 11 Addition Addition Addition Addition
GNATURE Signature, typed or print This corporation (See criteria on by 1515) (See criteria on by 1515) LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE	do so.	After SEPTEMBER 1 Make Check Payal RECTORS Delete Delete Delete Delete	11. ESECIS-SESS 13, 2000 Min. wible to Department of the Departmen	ALL STATES AND STATES	DOITIONS/CH	ANGES TO O	Financing_ tion. • [Adde DIRECTOR Change Change Change Change	d to Fees IS IN 11 Addition Addition Addition Addition Addition Addition Addition