2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105683 Apr 24, 2001 8:00 am Secretary of State 1. Entity Name E & R CONSULTANTS, INC. 04-24-2001 90293 008 ***158.75 Principal Place of Business Mailing Address 17556 SW 142 CT 17556 SW 142 CT MIAMI FL 33177 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0997282 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ AZPERICUET, ENRIQUE Street Address (P:O: Box Number is Not Acceptable) 17556 SW 142 CT MIAMI FL 33177 Zip Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Addition TITLE TITLE □ Delete LORENTE, RAMON NAME NAME 2428 S.W. 13TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33145** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE RODRIGUEZ AZPERICUET, ENRIQUE NAME NAME 17556 S.W. 142 CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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

4-18-01

Daytime Phone #

address, with all other like empowered.

changed, or on an attachment with at

SIGNATURE: