DOCUMENT # p990000000000000000000000000000000000	2000 UNIFORM	I BOSINESS KEPO	KI (UBK)	_
MIAM FL. 13 6 15 5. DIXIE HWY. SUPERING FROM THE CONTROL OF THE SHAPE SUPERING SUP	DOCUMENT # PG	1900022845		FILED SECRETARY OF STATE
MIAMI FL. 13 6 15 S. DIXIE HWY SUITE 114-402 MIAMI FL. 13 18-76 2. Prespon Place of Business 13 6 15 S. DIXIE HWY 3. DAMPH FL. 14 SOLITE 114-402 DO NOT WRITE NITYS SPACE SOLITE 114-402 DO NOT WRITE NITYS SPACE SOLITE 114-402 DO NOT WRITE NITYS SPACE SOLITE 114-402 A. CO Purchase of Swatz Desired Solite April 114-402 A. CO P	MAP PROPER	TI ES	()	
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2. Process Pro	MIAMI FL.	SUITE 114	1-402	
COPY & State MATHER Country U.S.A. September Sep	/36/5 5. DIXI Suite, Apt. #, etc.	3. Mailing Address 13 (15 5 . 1) Suite, Apt. #, etc.	DIXIE HWY	
20 3 1 5 10 Country U.S.A.	City & State	City & State	4-402	76-006132
7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name of New Registered Agent 7. Name and Address of New Registered Agent 8. The Address of Note of Name and Address of New Registered Agent 8. The Address of New			Country USA	5 Certificate of Status Desired \$8.75 Additional
Street Address (PO Box Number is Not Acceptable) Street Address (PO Box Number is Not Acceptable)	6. Name and Addres	s of Current Registered Agent		7. Name and Address of New Registered Agent
Sheet Address (P.O. Box Number is Not Acceptable) Sheet Address (P.O. Box Number is Not Acceptable)	2111 P Om 1		Name	
City FL Zp 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 Signal, hoed or preservation for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 production is eligible to satisfy its intargible facilities and decision of the signature registered agent, or both, in the State of Florida. Signature production is eligible to satisfy its intargible facilities and decision to do so and decision of the signature registered agent, or both, in the State of Florida. Signature production is eligible to satisfy its intargible facilities and decision to do so and decision of the signature registered agent, or both, in the State of Florida. Signature products is eligible to satisfy its intargible facilities and decision to do so and decision to do so and decision. Signature products is eligible to satisfy its intargible facilities. Signature products is eligible to satisfy its intargible facilities. Signature products is eligible to satisfy its intargible facilities. Signature products is eligible to satisfy its intargible facilities. Signature products is eligible to satisfy its intargible facilities. Signature products is intargible facilities. Signature products is interested agent, or both, in the State of Florida State and in Signature products. Signature products is interested agent and with the information supplied with this fling does not use fy for the exemption state of hosteric place is all inside under outh that in an archive decision of the corporation of the receiver or interested engagement and interested agent. Signature products in the satisfy agent and interested agent and that in an archive decision of the corporation of the receiver or interested prod	,280 N 15thst		Street Address	s (P.O. Box Number is Not Acceptable)
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	HowaTEAD FL	33130		
SIGNATURE Signature Services hypodic parent rame of equipmed agent and life of exportance. (ACTC. Registered Agent signature required and international) ST. This corporation is eligible to satisfy its Intangible Tax international and actics to dis 50. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Action of Debt Provided to Gets on Debt Marks. Check Payabole to Department of State 11. OFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 INF. NAME SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS CITY-ST-2P INLE MAKE MAKE MAKE MAKE MAKE SIRRET ADDRESS CITY-ST-2P INLE MAKE SIRRET ADDRESS CITY-ST-2	/Dines Lara		City	FL Zip Code
Series by the principle of parity is intrangible 9. This corporation is eligible to satisfy its intangible FILE NOMIT FEE IS \$150.00 Tax filing requirement and elects to do so (See criteria on back) Make Check Payable to Department of State	8. The above named entity submits thi	s statement for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.
Tax fling requirement and elects to do so	SIGNATURE Signature, typed or printed name of	of registered agent and title if applicable. (NOTE	: Registered Agent signature requi	8-21/-2etto DATE
TITLE NAME NAME 138 O N . 15 + S+ STREET ADDRESS CITY-ST-2P TITLE NAME 172 O8 5. W. 108 + C+ MIRET MANASH SELDETARY Devide TITLE NAME 172 O8 5. W. 108 + C+ MIRET ADDRESS CITY-ST-2P TITLE NAME 172 O8 5. W. 108 + C+ MIRET ADDRESS CITY-ST-2P TITLE NAME STREET ADD	Tax filing requirement and elects to	do so. After MAY 1, 20	00 Fee will be \$550.00	Trust Fund Contribution. Added to Fees
TITLE MIKE MANASH SECOMARY Delete NAME STREET ADDRESS	11. OF	FICERS AND DIRECTORS	12.	
TITLE MIKE MANASH SECOMARY Delete NAME STREET ADDRESS	NAME STREET ADDRESS 1380 N. 15	th St	NAME STREET ADDRESS	Change Addition 6
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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 attachment with an address, with all other like empowered. S-27-2000		•		
i3. 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 like empowered. S-27-2000	MLE	☐ Delete		☐ Change ☐ Addition
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	indicated on this report or supplem of the corporation or the receiver o	rental report is true and accurate and that materity is trustee empowered to execute this report a	iv signature shall have thi	e same legal effect as it made under oath; that I am an officer of director - I
		MINTOPED OR PRINTED NAME OF SIGNING OFFICED	OR DIRECTOR	8-27-2000 Date Daytime Phone #

August 27, 2000

Uniform Business Report Division of Corporations P.O.Box 1500 Tallahassee, Florida 32302-1500

MAP PROPERTIES 13615 South Dixie Highway Suite 114 – 402 Miami, Florida 33176 - 7254

To Whom It May Concern:

Please accept the original amount due for the Uniform Business Report for the following reasons:

- 1. We were not aware of this report since this is our first venture as a corporation.
- 2. Our previous accountant registered the wrong address for the corporation.
- 3. Upon learning from our new accountant of the necessity and severity of this document, we promptly called to have a blank form sent out.

Thank you,

Phil R. Omi ____ President

MAP PROPERTIES