FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90889 016 ***150.00

DOCUMENT # P99000044987

1. Entity Name

Discount Self Storage Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2207 North Dixie Highway	3300 N.E. 2nd Ave. #118
Suite, Apt. #, etc.	Suite, Apt. #, etc. #118
City & State: Wilton Manors, Fl.	City & State: Miami, Fl.
Zip: 33305 Country: Broward	Zip: 33137 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0924374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Danny Reyes Agent For Owner

Street Address (P.O. Box Number is Not Acceptable): 3300 N.E. 2nd Ave. #118

City: Miami FL Zip Code: 33137

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: Donatella Sciorio (Signature typed or printed of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE: 4/26/02.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Donatella Sciorio 3300 N.E. 2nd Ave. #118 Miami, Fl. 33137	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donatella Sciorio Donatella Sciorio, President 4/26/02 305-458-7134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #