2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # **P99000046444** JOSEPH A. TUBIO, ESQ., P.A. 05-16-2001 90054 007 ***150.00 Principal Place of Business Mailing Address 12740 S.W. 34TH PLACE 12740 S.W. 34TH PLACE **DAVIE FL 33330** DAVIE FL 33330 976894 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 Applied For 65-1018567 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUBIO, JOSEPH A .ESQ. Street Address (P.O. Box Number is Not Acceptable) 12740 S.W. 34TH PLACE DAVIE FL 33330 Zip Code City FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME TUBIO, JOSEPH A STREET ADDRESS STREET ADDRESS 12740 S.W. 34TH PLACE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33330 **X**LChange ■ Addition TITLE ☐ Delete TITLE TUBIO, TOSEPH A. NAME NAME TOBIO, JOSEPH A 12740 S.W. 34TH PLACE STREET ADDRESS STREET ADDRESS 12740 S.W. 34TH PLACE CITY-ST-ZIP CITY-ST-ZIP FL 33330 DAVIE FL 33330 Change ☐ Addition Delete TITLE TITI F NAME 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 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 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.

PRECTOR