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2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

Jan 17, 2002 8:00 am Secretary of State P99000074572 **DOCUMENT #** 1. Entity Name EDUARDO MUNETON, P.A. 01-17-2002 90027 025 ***150.00 Principal Place of Business Mailing Address 3501 SW 107 AVE 3501 SW 107 AVE **MIAMI FL 33165** MIAM! FL 33165 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 65-0947480 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 MUNETON, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 3501 SW 107 AVE MIAMI FL 33165 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) TITLE 1 Change ☐ Delete ☐ Addition EDUALDO MUNETON MUNETON, EDUARDO NAME 13205 SW 137 AVE # 224 3501 SW 107 AVE STREET ADDRESS STREET ADDRESS MIAM! FL 33165 CITY-ST-7IP CITY-ST-ZIP MIAMI PL 33186 TITLE **1** Delete TITLE Change ☐ Addition MUNETON, EDUARDO NAME NAME 3501 SW 107 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP of quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 13. I hereby certify that the information indicated on this report or supp

this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if