2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000075177** Apr 17, 2000 8:00 am Secretary of State 1. Entity Name MLR SERVICES, INC. 04-17-2000 90074 044 ***150.00 Principal Place of Business Mailing Address 1550 N.E. QUAYSIDE TERRACE 1550 N.E. QUAYSIDE TERRACE MIAMI FL 33138-2208 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0945 286 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RABINOWITZ, MARK Street Address (P.O. Box Number is Not Acceptable) 1550 N.E. QUAYSIDE TERRACE MIAMI FL 33138 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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 12. 11. PRESIDENT ☐ Change PRESIDENT Delete TITLE MAACIA RABINOWITZ MARK RABINOWITZ HE ISSO NE QUAYSIDE TERR MIA-MI, FL 33158 NAME NAME ISSO NE QUAYSIDE TERFACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33138 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition PRESLDENT ☐ Delete TITLE MARCIA RABINOWITZ ISSO NE BVAYS DE TERRACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MHAWIT, FL 33138 Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 ampowered 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 attachmen with an address, with all other like empowered.

SIGNATURE:

| Date | Description | Description | Date | Description | Descr