2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # P99000079644 MLTG SHOP, INC. 05-11-2001 90133 036 ***150.00 Principal Place of Business Mailing Address 1615 SW 7 STREET 1615 SW 7 STREET HOMESTEAD FL 33030 HOMESTEAD FL 33030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0161344 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 Name MARSHBURN, THI Street Address (P.O. Box Number is Not Acceptable) 1615 SW 7 STREET **HOMESTEAD FL 33030** City Zip 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent standure 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Addition ☐ Delete NAME MARSHBURN, THI NAME STREET ADDRESS **1615 SW 7 STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33030 TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ACORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 mustee 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 emplowered.

X 27apilo1 ×305 246 0762