2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000086580 Jul 28, 2000 8:00 am 1. Entity Name Secrétary of State UNLIMITED BILLING SERVICES INC. 07-28-2000 90146 036 ***150.00 Principal Place of Business Mailing Address P.O.BOX 971271 P.O.BOX 971271 MIAMI FL 33197 MIAM! FL 33197 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 65-095-2219 Not Applicable Zip Country 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 RIVERA, CRISTOBAL Street Address (P.O. Box Number is Not Acceptable) 9540 HAITIAN DRIVE **MIAMI FL 33189** 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 FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition ☐ Delete TITLE TITLE RIVERA, CRISTOBAL NAME NAME Ü, STREET ADDRESS STREET ADDRESS 9540 HAITIAN DRIVE CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33189** Change ☐ Addition TITLE Delete TITLE NAME RIVERA. REBECA NAME STREET ADDRESS 9540 HAITIAN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33189** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

OD 35.254.54H

Daytime Phone #

July 17.0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE:

UNLIMITED BILLING SERVICE P.O. BOX 971271 MIAMI, FL 33197

Division of Corporations Uniform Business Report Filings P.O Box 1500 Tallahassee, FL 32302-1500

July 1.7th.2000.______

Enclosed please find \$150.00 payment for UBR filing fee. Due to the fact that no 1st notice was ever received, I contacted the customer service area for asistance. Representative advised to acompany this explanation letter in order to avoid any additional fees to keep our corporation active.

Cordially,

Cristobal Rivera

President