2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2000 8:00 am DOCUMENT # P99000093035 **Secretary of State** 1. Entity Name... -RAPIDCELL CORPORATION 02-22-2000 90004 014 ***158.75 Principal Place of Business Mailing Address 8310 SW 114 AVE 8310 SW 114 AVE MIAMI FL 33173 MIAMI FL 33173-3625 616487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0956137 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 MARTINEZ, FREDDY (PO, Box Number is Not 462 MAN Street Address 8310 SW 114 AVE __MIAMI, FL 33173 City 8. The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE & FILE NOW!!! FEE IS \$150.00 This corndration. gible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requiremen and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on bac Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD VICE-PRESIDENT ☐ Addition Delete TITLE TITLE MARTINEZ, FREDDY J NAME NAME 8310 SW 114 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 MANAGING DIRECTOR ■ Addition Delete TITLE Change MARIN-MARTINEZ, JACQUELINE NAME STREET ADDRESS 8310 SW 114 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** PRESIDENT TITLE ☐ Change **Addition** TITLE ☐ Delete JUAN JOSE MARTINEZ NAME NAME STREET ADDRESS 6462 MANOR LANE STREET ADDRESS S.MiAMi, FL 33143 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 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. SIGNATURE: SIGNATURE RINTED NAME OF SIGNING OFFICER OR DIRECTOR