5/24

FILED
Jun 19, 2002 8:00 am
Secretary of State
05-24-2002 91339 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098876

1. Entity Name

E-Line Corp.

DO NOT WRITE IN THIS SPACE

[redacted]

2. Principal Place of Business	3. Mailing Address
8606 NW 70 St	3201 SW 194 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miramar, FL
Zip: 33166 Country: USA	Zip: 33029 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0961844 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jose Rafael Zabala

Street Address (P.O. Box Number is Not Acceptable): 3201 SW 194 Terrace

City: Miramar **FL** Zip Code: 33029

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: Jose R. Zabala (President) [signature] 04/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jose Rafael Zabala 3201 SW 194 Terr. Miramar, FL 33029 Miramar, FL 33029	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice - President Maria Ysabel Dominguez 3201 SW 194 Terr Miramar FL 33029	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Maria Ysabel Dominguez 04/30/02 305-6241707
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR Date Daytime Phone #