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2001 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2001 8:00 am DOCUMENT # P99000108439 Secretary of State 1ST CHOICE FLORIDA MANAGEMENT INC. 02-14-2001 90004 007 ***150.00 Principal Place of Business Mailing Address **806 VERONA STREET** 806 VERONA STREET STE 5 STE 5 KISSIMMEE FL 34741 KISSIMMEE FL 34741 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 59-3645352 Not Applicable Country Country Zip \$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 GUAQUETA, Romme! GUAQUETA, ROMMEL 1969 S KIRKMAN ROAD #30 ORLANDO FL 32811 406 Verona st suite 5 Kissimmee 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) 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. 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 11. 12. TITLE ☐ Delete GUAQUETA, ROMME! **GUPPOLTA, ROMMEL** NAME 806 Verona st. suite 5 STREET ADDRESS 1969 S KIRKMAN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Kissimmer FL 34741 ORLANDO FL 32811 Change ☐ Delete TITLE GUAQUETA, Hermann 806 Verona St. Suite 5 **GUAQUETA, HERMANN** NAME NAME STREET ADDRESS 8225 HAPPY TRAILS STREET ADDRESS kissimmee FL 34741 CITY-ST-ZIP--KISSIMMEE FL 34741-CITY-ST-ZIP - ~ TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE Delete TITLE Change ☐ Addition 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: Rommel GUAQUETA 11801 407 931 3456

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Priorie *