FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 2001 8:00 am **DOCUMENT # \$73813** Secretary of State 1. Entity Name M I S CONSULTING & EDITORIAL SERVICES, CORP. 02-26-2001 90519 049 ***150.00 Principal Place of Business Mailing Address H407 LIKEVIEW DER 14407 LIKEVIEW DER CORAL SPRINGS FL 33071 6344 CORAL SPRINGS FL 33071 6344 **しりひんななりん** 2. Principal Place of Business 3. Mailing Address 5476 NO 5416 NW Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0284925 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CATALUNA, VICTOR Street Address (P.O. Box Number is Not Acceptable) 11407 LAKEVIEW DR. CORAL SPRINGS FL 33071-3244 atentent for the purpose of changing its registered office or registered agent, or both, in the State of Florida, 8. The above nan SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Addition TITLE CATALUNA, VICTOR NAME NAME 11407 LAKEVIEW DR. STREET ADDRESS STREET ADDRESS 5476 NW 56 DAVE CORAL SPGS., FL 38071 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE CATALUNA, VICTORIA TORRE NAME NAME 11407 LAKEVIEW BR. STREET ADDRESS STREET ADDRESS CORAL-SPGS., FL-33071 CITY-ST-ZIF 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 TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change | 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.