2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # J49940 Sep 22, 2000 8:00 am 1. Entity Name **Secretary of State** 09-22-2000 90005 014 ***150.00 Principal Place of Business Mailing Address 4810 SW1 Cooper City 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional Broward Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Rea Name Street Address (P.O. Box Number is Not Acceptable) Zip Code F٤ 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10, Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 12. 11. Addition President Change TITLE □ Delete NAME Ada Lucia Perez NAME STREET ADDRESS STREET ADDRESS 1810 SW 119 Terrace CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 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 of 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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

altacionent # 149940 130107447



9/13/00

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

Perez Real Estate Services, Inc RE: 65.0344148

1800 W. 49 Street, Suite 324A Hialeah, Fl 33012

Mailing Address: 4810 SW 119 Terrace Cooper City, FL 33330 ----1800-West-49th-Street Suite 324A Hialeah, Fl 33012 (305) 556-4600 (954) 558-3005

To whom it may concern:

Today I spoke to Michelle and Kelly at your office whom I explained the following: I was going through the accounting report, when I suddenly realized that for this year we had not yet received a statement/report or made payment to the Department of State for the Corporation. I immediately called your office and explained that we had not received in the mail the report, if I please could give my credit card to pay over the telephone of if I could use our fax machine to file the report. Unfortunately we have had some mail stolen in the past. Reports have been filed to the police by offices in this building of equipment and mail that have been stolen due to break ins. Enclosed please find check no. 1103 in the amount of \$150.00 payable to Department of State for the referenced corporation. _==-

Should you need to contact me, I thank you for your cooperation. please call me at (954) 558-3005.

Perez Real Estate Services, Inc

Ada L. Perez'

President (

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