2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 222976** 1. Entity Name 79TH STREET CORP 01-19-2000 90104 023 ***150.00 Principal Place of Business Mailing Address 1529 ALGARDI AVENUE 535 VITTORIO AVENUE A0006228 CORAL GABLES FL 33146 CORAL GABLES FL 33146-2736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-0939172 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONET, DAVID A ESQ Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE RD PENTHOUSE #2-C CORAL GABLES FL 33134 City Zip Code 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) DATE 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, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD ☐ Addition TITLE ☐ Delete TITLE Change BATISTA, F R NAME NAME STREET ADDRESS 535 VITTORIO AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL TITLE ☐ Delete Change ☐ Addition VALDESPINO, AURORA NAME NAME STREET ADDRESS STREET ADDRESS 1529 ALGARDI AVE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL STD ☐ Delete TITLE Change ☐ Addition NOBLE. DULCE NAME 535 VITTORIO AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CORAL GABLES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition PONSDOMENECH, MIRTA NAME NAME STREET ADDRESS 535 VITTORIO AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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