2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # **584241** la mia market, inc. 02-28-2001 90073 009 ***158.75 Principal Place of Business Mailing Address PO BOX 42-0427 PO BOX 42-0427 $\mathbf{u} \bowtie \mathbf{u} \mathbf{u} \mathbf{u} \mathbf{u}$ MIAMI FL 33242-0427 MIAMI FL 33242-0427 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 4. FEI Number 59-1919034 Not Applicable Zio Country 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 BARRIOS, JOSE ANTONIO Street Address (P.O. Box Number is Not Acceptable) 3001 NW 17TH AVENUE MIAMI FL 33142 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE DS ☐ Delete TITLE DT Addition BARBARA PEREZ NAME BARRIOS, JOSE ANTONIO NAME 5. Hibiscus DR STREET ADDRESS STREET ADDRESS 380 SOUTH HIBISCUS DRIVE 33139 CITY-ST-ZIP miaml, FC CITY-ST-ZIP MIAMI FL 33139 Delete TITLE DT TITLE Change Addition NAME BARRIOS, LYDIA STREET ADDRESS STREET ADORESS 380 SOUTH HIBISCUS DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33139 TITLE ŊΡ ☐ Delete TITLE ☐ Change ■ Addition NAME NAME BARRIOS, JOSE ANTONIO J i STREET ADDRESS STREET ADDRESS 380 SOUTH HIBISCUS DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33139 ☐ Delete TITLE TITLE Change ☐ 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 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CJTY - 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 ag ress, with all other like empowered

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR