

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006345

ACQUISITION CORP.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90105 025 ***150.00

Principal Place of Business Mailing Address
GOVERNOR PRINTZ BLVD 625 N GOVERNOR PRINTZ BLVD
SUITE 3
ESSINGTON PA 19029-1732
US

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc.

City & State City & State
Country Zip Country

4. FEI Number 25-1821062 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

The corporation is eligible to satisfy its intangible filing requirement and elects to do so. (See criteria on back) ☒
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ZIP	CPTD GARCIA, ALFONSO SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	VD GARCIA, ENRIQUE SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	S MORENO, SERGIO 625 N GOVERNOR PRINTZ BLVD STE 3 ESSINGTON PA 19029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	D GARCIA, SONIA SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	D GARCIA, JORGE L SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	D GARCIA, OLGA SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 12, as changed, or on an attachment with an address, with all other like information.

NATURE: *See Section 119.07(3)(i)* SIGNATURE REQUIRED *April 20, 2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #