## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 13, 2001 8:00 am Secretary of State DOCUMENT # F9900006318 1. Entity Name UPET GROUP, INC. 03-13-2001 90313 005 \*\*\*150.00 Mailing Address Principal Place of Business 5800 N.W. 74TH AVENUE 5800 N.W. 74TH AVENUE MIAMI FL 33166 OUTPRISO MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 62-1798715 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required \_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARED, JOSE P Street Address (P.O. Box Number is Not Acceptable) 5800 N.W. 74TH AVENUE **MIAMI FL 33166** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CEU & Drector Addition Delete TITLE TITLE BARED, JOSE P NAME STREET ADDRESS 5800 N.W. 74TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** VST Change Addition TITI F Delete TITLE BARED, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 5800 N.W. 74TH AVENUE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33166 ☐ Change ☐ Addition TITLE Delete TITLE BARED, MAURICE NAME 1 AME STREET ADDRESS STREET ADDRESS 5800 N.W. 74TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 President & Secretary X Addition Change ☐ Delete TITLE TITLE Jorge Cano NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Vice-President Change ☐ Delete TITLE TITLE MAC DONALD NAME John NAME 5800 NW 74 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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. changed, or on an atlac

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: