2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # G16173** F.E.Z. PROPERTIES, INC. 01-24-2000 90003 024 ***150.00 Principal Place of Business Mailing Address 3130 SW 107 AVENUE 3130 SW 107 AVENUE MIAMI FL 33165-2437 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc.. Applied For 4. FEI Number City & State City & State 59-2242977 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6 Name and Address of Current Registered Agent Name DIAZ, ELIO Street Address (P.O. Box Number is Not Acceptable) 3130 S.W. 107 AVE. **MIAMI FL 33165** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May 8e After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, 11. Change ☐ Addition PD ☐ Delete TITLE DIAZ, ELIO NAME NAME STREET ADDRESS STREET ADDRESS 12210 SW. 43 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Change ☐ Addition TITLE ☐ Delete SDT TITLE NAME NAME ZABALA, LUIS STREET ADDRESS STREET ADDRESS 11215 SW 30 ST. CITY-ST-ZIP *331*65 CITY-ST-ZIP MIAMI FL Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ 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 of 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 all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/8/00

305-551-1985

Change

☐ Addition

CR2F034 (9/99

Daytime Phone #