2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L06176 Apr 18, 2000 8:00 am Secretary of State DANIEL JOSE FERNANDEZ, P.A. 04-18-2000 90137 006 ***150.00 Principal Place of Business Mailing Address 1350 SW 57 AVE 1350 SW 57 AVE #317 #317 MIAMI FL 33144 MIAMI FL 33144-5768 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0152891 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, DANIEL JOSE Street Address (P.O. Box Number is Not Acceptable) 1541 BRICKELL AVENUE **APARTMENT 1502** 1 MIAMI FL 33129 Zip Code 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 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 Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition Delete TITLE TITLE FERNANDEZ, DANIEL JOSE NAME NAME STREET ADDRESS 1541 BRICKELL AVENUE, #1502 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33129** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY OF OFFICER OR DIRECTOR

04-04-00

(305) 262 1130

Daytime Phone #