2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9700004912 May 16, 2000 8:00 am Secretary of State EL BUEN PASTOR DE BROWARD INC. 02-18-2000 90110 001 *****8.75 Principal Place of Business Mailing Address 02-18-2000 90110 002 ****61.25 1040 W PROSPECT RD 1040 W PROSPECT RD STE A & B OAKLAND PARK FL 33309 OAKLAND PARK FL 33309-4660 US 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 65-0793039 Not Applicable Zip Country Zio 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 -Street Address (P.O.-Box Number is Not Acceptable) PACHECO, ALI 3270 NW 22ND AVE OAKLAND PARK FL 33309 City Zip Code 8. The above named entity submits this statement to 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (66/6)Change TITLE ☐ Detete TIFLE Addition RAGUIL ALMENAX NAME PACHECO, ALI NAME 3270 N.W QNO BUE E037 STREET ADDRESS STREET ADDRESS 3270 NW 22ND AVE CITY-ST-ZIP OAKland PANK TL 33309 CITY-ST-ZIP OAKLAND PARK FL 33309 Delete ☐ Change ☐ Addition TITLE TITLE NAME ALMENAR-PACHECO, RAQUEL NAME STREET ADDRESS STREET ADDRESS 3270 NW 22ND AVE CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33309 7/5- 'D" Change TITLE Detete TITLE Addition NAME PENAFIEL, GEORGE NAME JUSE C. ARKNAS STREET ADDRESS STREET STREET ADDRESS 8031 SOUTHGATE BLVD APT K-2 4504 N.W. 39th CITY-ST-ZIP CITY ST-ZIP Louideedale Lones, III N LAUDERDALE FL 33068 VP D" ■ Addition Delete TITLE NAME MAME NICOLAS VENEGAS 598 CARAMBOLA CIRcle STREET ADDRESS STREET ADDRESS HORTA CITY-ST-7IP CITY-ST-ZIP CREEK, FL Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 path, that I am an officer or director of the corporation or the receiver or toutee management to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-00

954-881336

Date

Daytime Phone #