2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTO

Mar 09, 2001 8:00 am Secretary of State DOCUMENT # P00000086251 D ENTERPRISES, INC. 01-22-2001 90038 044 ***150.00 Principal Place of Business Mailing Address 8825 NW 153RD TERRACE 8825 NW 153RD TERRACE 29009 MIAMI FL 33016 MIAMI FL 33016 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVALOS, DIEGO Street Address (P.O. Box Number is Not Acceptable) 8825 NW 153RD TERRACE MIAMI FL 33016 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) After MAY 1, 2001 Fee will be \$550.00 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. 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 OFFICERS AND DIRECTORS 12. 11. Addition Delete Change TITLE DAVALOS, DIEGO NAME STREET ADDRESS 8825 NW 153RD TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33016 Addition ☐ Delete TITLE ☐ Chance TD THUE DAVALOS, JAIME NAME STREET ADDRESS 8825 NW 153RD TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33016 ☐ Change Addition ☐ Delete TITLE TITLE NAME davalos, luis NAME STREET ADDRESS STREET ADDRESS 8825 NW 153RD TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33016 Addition | TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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. If turther 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 of 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 altother like empowered.

FILED