305-7*5*23869

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P00000115586 F 1. Entity Name MIAMI GOLDEN RAINBOW, INC. 04-12-2001 90176 040 ***150.00 Principal Place of Business Mailing Address 11534 SW 149 CT 11534 SW 149 CT MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address - (-- --Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1081158 Not Applicable Zip Zip 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 MAZZA-MARTINEZ, TANIA A Street Address (P.O. Box Number is Not Acceptable) 782 NW 42 AVE. STE 638 MIAMI-FL-33128 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) DATE 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, 2001 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. CR2E034 (10/00) Addition ☐ Delete TITLE TITLE NAME NAME YELITZB UBLERO VALERO, MARCO A STREET ADDRESS STREET ADDRESS 11534 SW 149 Gr 11534 SW 149 CT CITY-ST-ZIP CITY-ST-ZIP MINMI - Flx - 33 196 MIAMLEL 33196. Change Addition ☐ Delete TITLE TITLE NAME NAME FAMIGLIETTI, ROSANNA STREET ADDRESS STREET ADORESS 11534 SW 149 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ 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 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.

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SIGNATURE AND TYPED OF