2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P93000056842** 1. Entity Name MUJICA INVESTMENTS, INC. 03-23-2000 90038 006 ***150.00 Principal Place of Business Mailing Address 2802 NW 15 STREET 2802 N.W. 15TH ST. MIAMI FL 33125-2013 MIAMI FL 33125 DUULLUUU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Citý & State 4. FEI Number Applied For 65-0431310 Not Applicable Zip Country Zip 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 Name MUJICA, BERTA C Street Address (P.O. Box Number is Not Acceptable) 2802 N.W. 15TH ST. SUITE 406 **MIAMI FL 33125** Zip Code City FI 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 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. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. DP TITLE Addition TITLE ☐ Delete MUJICA, BERTA C NAME NAME STREET ADDRESS STREET ADDRESS 2802 NW 15 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MUJICA, ALFREDO P NAME STREET ADDRESS 2802 NW 15 STREET STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP HIALEAH FL Change ☐ Addition ☐ Delete TITLE MUJICA, ELIZABETH NAME NAME STREET ADDRESS STREET-AUDRESS 2802 NW 15 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Delete Addition TITLE TITLE MUJICA, GERARDO L NAME NAME STREET ADDRESS STREET ADDRESS 2802 NW 15 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 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 all wher like empowered.

SIGNATURE:

SIGNATURE:

Date

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

GNATURE AND TYPED OR PRINTED NAME