2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # P94000057931 MOORE-MASVIDAL GROUP, INC. 05-04-2000 90169 032 ***158.75 Mailing Address Principal Place of Business P.O. BOX 143557 2655 LE SELINE RD MIAMI FL 33114-3557 CORAL-GABLES-FL-33134 2. Principal Place of Business 3. Mailing Address 2655 LE JEUN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 00 Applied For 4. FEI Number City & State City & State NOT APPLICABLE ORAL GABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 4.5 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DIAZ-MASVIDAL, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 2655 LE SELINE RD STE 500 CORAL GABLES FL 33134 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 (NOTE: Registered Agent signature required when reinstating) 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. Change ☐ Addition TITLE **D**elete TITLE NAME MOORE, ELVIRA SUDLOW NAME STREET ADDRESS STREET ADDRESS 11105 SW 133 ST CITY-ST-ZIP CITY-ST-7IP MIAMI_FL ☐ Addition ☐ Delete Change TIT! È DPST NAME DIAZ-MASVIDAL, ALBERTO NAME STREET ADDRESS STREET ADDRESS 11105 SW 133 CT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change Addition Delete TITLE DIAZ-MASVIDAL, GERTRUDID NAME NAME STREFT ADDRESS STREET ADDRESS 11105 SW 133 ST CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 SIGNING OFFICER OR DIRECTOR

19212 25/900 (305)3885400