## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P94000062079** Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** ENVIJA. INC. 02-26-2000 90005 027 \*\*\*150.00 Principal Place of Business Mailing Address 10920 SW 115 ST 14020 SW 36TH ST. MIAMI FL 33176-3919 MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE) Number City & State 65-0516268 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERRAN, VIVIAN Street Address (P.O. Box Number is Not Acceptable) 10920 SW 115 ST MIAMI FL 33176 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE HERRAN, EZEQUIEL NAME 14020 SW 36TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE Delete TITLE HERRAN, NANCY NAME NAME 14020 SW 36TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Delete TITLE Change Addition TITLE HERRAN, VIVIAN NAME NAME 14020 SW 36TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Defete TITI F Change Addition TITLE HERRAN, JAVIÉR NAME NAME 14020 SW 36TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change ☐ Delete TITLE 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.

SIGNATURE: 305971-81