FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P9500000134** 1. Entity Name MARIANO SEVILLA, INC. 04-26-2001 90063 043 ***150.00 Principal Place of Business Mailing Address 2406 N.W. 20TH STREET 2406 N.W. 20TH STREET MIAMI FL 33142 MIAMI FL 33142 US 2. Principa: Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0545746 Not Apolicable 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 SEVILLA, MARIANO J Street Address (P.O. Box Number is Not Acceptable) 480 WEST 66TH ST. HIALEAH FL 33012 City Zip Code -53 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D/P ☐ Delete TITLE **X** Change ☐ Addition SEVILLA, MARIANO J NAME NAME SEVILLA, MARIANO J. STREET ADDRESS 480 WEST 66TH ST. STREET ADDRESS 480 WEST 66th STREET CITY-ST-7IP HIALEAH FL CITY-ST-ZIP HIALEAH, FL 33012 TITLE ☐ Delete TITLE V/S Change X Addition NAME NAME SEVILLA, NAARA M. STREET ADDRESS STREET ADDRESS 480 WEST 66th STREET CHY-ST-71P CITY - SY - ZIP HIALEAH, FL 33012 TITLE Delete TITLE ☐ Change X Addition NAME SEVILLA, NAARA STREET ADDRESS STREET ADDRESS 480 WEST 66th STREET CITY-ST-7:P CITY-ST-ZIP <u>HIALEAH, FL 33012</u> TITLE ☐ Delete TITLE Change Addition 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-ZIP TITLE ... Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-SI-79

CITY-ST-ZIP

Mariano J. Sevilla



Daytime Phone #