2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 22, 2000 8:00 am Secretary of State DOCUMENT # P95000023531 LOS ARCOS DE BRICKELL CORP. 02-22-2000 90044 015 ***150.00 Mailing Address incipal Flace of Business 1699 CORAL WAY **CORAL WAY** SUITE 510 --- 510 COSCIO MIAMI FL 33145-2860 FL 33145 · Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0585336 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ-CID. RICARDO Street Address (P.O. Box Number is Not Acceptable) 1699 CORAL WAY **SUITE 510 MIAMI FL 33145** Zip Code City 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 · MATINE 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 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. **PSTD** Change ☐ Addition TITLE Delete NAME MARTINEZ-CID, RICARDO 1699 CORAL WAY SUTIE 510 STREET ADDRESS CITY-ST-ZIP ST ZIP **MIAMI FL 33145** Change ☐ Addition ☐ Delete JARAMILLO, ADRIANA NAME 400mr.25 STREET ADDRESS 600 BILTMORE WAY CITY-ST-ZIP ST-ZIP CORAL GABLES FL 33114 ☐ Addition ☐ Change ☐ Delete NAME STREET ADDRESS VIDDECC CITY-ST-ZIP ST ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS ADDDECE CITY-ST-ZIP ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP 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.

ORTANA JAR MILLO VP GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>ADRTANA</u>

2/15/2000

Daytime Phone #

CR2E034 (9/99