2000 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2000 8:00 am Secretary of State DOCUMENT # **P96000037656** EASY DISTRIBUTOR & SALES, INC. 02-21-2000 90016 020 ***150.00 Mailing Address Principal Place of Business 3400 S.W. 108TH AVENUE 3400 S.W. 108TH AVENUE 00053181 MIAMI FL 33165 MIAMI FL 33165-3510 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0660885 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, JOSE P Street Address (P.O. Box Number is Not Acceptable) 3400 S.W. 108TH AVENUE MIAMI FL 33165 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition ☐ Delete TITLE TITLE GONZALEZ, JOSE P NAME STREET ADDRESS STREET ADDRESS 3400 S.W. 108TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Addition TITLE ☐ Defete ☐ Change Gonzalez, Maria e NAME NAME STREET ADDRESS STREET ADDRESS 3400 S.W. 108TH AVENUE CITY-ST-ZIP CITY-ST-719 **MIAMI FL 33165** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Additic Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Additic TITLE Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Additi: ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered. DONUA)EZ

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: