## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P97000052497** Feb 22, 2000 8:00 am Secretary of State PARAISO STORE CORP. 02-22-2000 90019 014 \*\*\*150.00 Mailing Address Principal Place of Business 12614 SW 8TH ST 12614 SW 8TH ST MIAMI FL 33184-1424 MIAMI FL 32184 2. 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 65-0763288 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIERA, SILA Street Address (P.O. Box Number is Not Acceptable) 13355 SW 34TH ST MIAMI FL 33175 Zio 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Addition Delete TITLE VIERA, SILA NAME NAME STREET ADDRESS **13355 SW 34TH STREET** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33175** Change ☐ Addition □ Delete TITLE TITLE VIERA, JORJE NAME NAME **13355 SW 34TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175~ CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE VIERA, ALBERTOJ. NIERA, ALBERTO J NAME NAME **13355 SW 34TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Deleta TITLE 7171 F NAME 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.

Daytime Phone #