2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000084270** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name 10631 S.W. KENDALL DR., INC. 02-08-2000 90140 019 ***150.00 Principal Place of Business Mailing Address 11901 SW 64 STREET 11901 SW 64 STREET MIAM! FL 33183 MIAMI FL 33183-1601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0950607 Not Applicable Zió Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DELGADO, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 2665 S BAYSHORE DRIVE SUITE 200 **MIAMI FL 33133** City Zip Code FL 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 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 9. 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 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. 12. TITLE Change Addition Delete TITLE CASTELLON, HECTOR O NAME NAME STREET ADDRESS STREET ADDRESS 11901 SW 64 STREET CITY-ST-ZIP **MIAMI FL 33183** CITY-ST-ZIP Delete TITLE Change Addition CASTELLON, MAIRA E NAME STREET ADDRESS 11901 SW 64 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME

13. I hereby certify that the information supplied with his 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 fully 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 of flustee empty field 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 additional management of the corporation of the receiver of flustee empty file and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an additional management of the corporation of the receiver of flustee empty file and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an additional management of the corporation of the receiver of flustee empty flustee empty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the corporation of the corporation of the receiver of flustee empty flustee

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

@ CASPELON x 01-31-00.