2003 FOR PROFIT CORPORATION

FILED May 09, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P99000091007 DOCUMENT # 1. Entity Name 05-09-2003 90137 045 ***150.00 LACAYO OF FLORIDA IMPORT AND EXPORT, INC. Principal Place of Business Mailing Address 14242 SW 163RD STREET 14242 SW 163RD STREET MIAMI FL 33177 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0852636 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LACAYO, EDDY M Street Address (P.O. Box Number is Not Acceptable) 14242 SW 163RD STREET MIAMI FL 33177 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Change TITLE ☐ Delete LACAYO, EDDY M NAME NAME 14242 SW 163RD STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33177** CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME LACAYO, MARIA E NAME STREET ADDRESS STREET ADDRESS 14242 SW 163RD STREET CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change .Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 empewored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address,

CITY-ST-ZIP

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SIGNATURE:

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