2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$69535** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** SERGIO REDONDO AND ASSOCIATES, INC. 01-27-2000 90120 001 ***150.00 Principal Place of Business Mailing Address 13712 SW 145 CT 13712 SW 145 CT MIAMI FL 33186 MIAMI FL 33186-6754 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0277521 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REDONDO, SERGIO Street Address (P.O. Box Number is Not Acceptable) ...11551-S.W. 32ND-ST. MIAMI FL 33165 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) 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12.) TITI F Change Addition TITLE ☐ Delete - same -REDONDO, SERGIO NAME NAME 14754 SW 140 ST. 11551 S.W. 32ND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP uliami, Fl CITY-ST-ZIP MIAMI FL STD **C**hange ☐ Addition TITLE ☐ Delete TITLE same-REDONDO, DARMA E NAME NAME SW 140 ST. 11551 S.W. 32ND-ST: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL ~ ~ [☐] Change ~ → □ Addition Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

305-378-<u>4443</u>

Daytime Phone #